

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90405 025 \*\*\*\*61.25

**DOCUMENT # N49497**

1. Entity Name  
AMERICAN LEGION POST 332 KENNEDY SPACE  
CENTER, FLORIDA INC.



Principal Place of Business  
P.O. BOX 21213  
KENNEDY SPACE CENTER, FL 32899

Mailing Address  
P.O. BOX 21213  
KENNEDY SPACE CENTER, FL 32899

**24030876**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-3242340

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODERICK, JOAQUIM M  
22 EMERALD COURT  
SATELLITE BEACH, FL 32937

Name  
**RIQUELME, GEORGE A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4135 CEDAR CREEK CIRCLE, #203**

City  
**MERRITT ISLAND** FL Zip Code  
**32953**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **GEORGE A. RIQUELME**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**03/25/2004**

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILROY, DONALD 4185 BASS ROAD MERRITT ISLAND, FL 32952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAVIN, MARY E 125 ROSEWOOD DR COCOA, FL 32926 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STARR, JAMES W 1101 CORK CT ROCKLEDGE, FL 329553212 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIRATA, MANUEL R. 1660 N. BANANA RIVER DR. MERRITT ISLAND, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODERICK, JOAQUIM M 22 EMERALD CT. SATELLITE BCH., FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, GARVIS 1440 N BELFORD COURT MERRITT ISLAND, FL <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIQUELME, GEORGE A 4135 CEDAR CREEK CIRCLE, #203 MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLIOTT, PAUL D. 4150 LAKE HARNEY CIRCLE GENEVA, FL 32732 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TISTHAMMER, ALICE E 5282 BRIDGE ROAD COCOA, FL 32927-9017 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FURIS, GEORGE R. 1300 MARSHALL STREET MERRITT ISLAND, FL 32953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINSER, GEORGE C., JR 2331 HARPER COURT TITUSVILLE, FL 32780 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALICE E. TISTHAMMER**

**03/25/2004**

Date

**321/861-7404**

Daytime Phone #