

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 10 PM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50062 (1)
1. Corporation Name
BERT HODGE POST #45 AMERICAN LEGION, INC.

Principal Place of Business

309 OCEOLA
PALATKA FL

Mailing Address

PO BOX 5
PALATKA FL 32178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/07/1992	3a. Date of Last Report 03/16/1994
4. FEI Number 59-6200800	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

TUBMAN, VINCENT A JR
ST RT 3 BOX 132
SATSUMA FL 32189

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	LANCASTER, HERSHEL	1.2 NAME	
STREET ADDRESS	RT 1, BOX 330	1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KILGORE, RAYMOND SR	2.2 NAME	
STREET ADDRESS	615 ST JOHNS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	CAMPAGNA, ANTHONY	3.2 NAME	
STREET ADDRESS	2016 OAK STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LESTER, JOHN O	4.2 NAME	
STREET ADDRESS	RT 3, BOX 1244	4.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	TUBMAN, VINCENT A JR	5.2 NAME	
STREET ADDRESS	ST RT 3, BOX 132	5.3 STREET ADDRESS	
CITY-ST-ZIP	SATSUMA FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vincent A. Tubman, Jr.

2/8/95

904-649-4937

Date

Daytime Phone