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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE: ( mo

DIVISION OF CORPORATIONS

DOCUMENT # N50062 (1)  BERT HODGE POST #45 AMERICAN LEGION, INC.							
Principal Place o	of Rusiness	Mailing Address				IE OUDAL ORDIA O	
Principal Place of Business  308 OCEOLA PALATKA FL		PO BOX 5 PALATKA FL 32178					
		US		3. Date Incorporated or Qualified 07/07/1992	<b>3a.</b> Dat	te of Last R <b>03/10/19</b>	eport 195
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For		
l	·	26		59-6200800			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional equired
City & State		City & State		Election Campaign Financing     Trust Fund Contribution			May Be to Fees
Zip	Country 25	Zip 29	Country 30	8. This corporation has liability for i	intangible ta		199.032,
	9. Name and Address of Currer		1001	10. Name and Address of New R	Registered A	Agent	
	•		81 Name				
TUBMAN	I, VINCENT A JR		82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)		
ST RT 3	BOX 132						
SATSUM	A FL 32189		83				
			84 City		FL	<b>85</b> Zip	Code
or registers	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sec	ida. Such change was authori	zea by the corporation s bo	oration submits this statement for the pur and of directors. I hereby accept the app	ointment as	registerea	agent. i am
SIGNATURE		tion 617.0503, Florida Statute	S.  O'E Registered Agent signature requi	rred where reinstating)	DATE		
BIGNATURE _	Signature. Speed or printed fixence of registered agent	tion 617.0503, Florida Statute al and title व अपूर्व संर्थः (N ID DIRECTORS	S. O't: Rogistered Agent signature requi 13.	ired when renstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND		RS IN 12
SIGNATURE _	Signature, spect or printed runs of registrated egen OFFICERS AN	tion 617.0503, Fionda Statute	S. O'E Registered Agent segreture reque  13. 1.1 TITLE	incd when renstatings ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR Change	
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NING OFFICER OR DIRECTOR