


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50062** (1)  
1. Corporation Name

**BERT HODGE POST #45 AMERICAN LEGION, INC.**

Principal Place of Business <b>308 OCEOLA PALATKA FL</b>	Mailing Address <b>PO BOX 5 PALATKA FL 32178 US</b>
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3. Date Incorporated or Qualified <b>07/07/1992</b>	4. FEI Number <b>59-6200800</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 <b>316 Oseola ST</b> Suite, Apt. #, etc. 22 City & State 23 <b>PALATKA, FLORIDA</b> Zip 24 <b>32177</b>	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>Palatka</b> Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALTER F GABEL</b>	1.2 NAME	
STREET ADDRESS	<b>RR1, BOX 691, C</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EAST PALATKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILGORE, RAYMOND SR</b>	2.2 NAME	
STREET ADDRESS	<b>615 ST JOHNS AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TODD, EDGAR F</b>	3.2 NAME	
STREET ADDRESS	<b>207 CITRA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LESTER, JOHN Q</b>	4.2 NAME	
STREET ADDRESS	<b>RT 3, BOX 1244</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATSUMA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TUBMAN, VINCENT A JR</b>	5.2 NAME	
STREET ADDRESS	<b>HC 3 BOX 132 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATSUMA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 trustee 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 on an attachment with an address.

SIGNATURE:

*[Handwritten Signature]*

3/26/98 804 640 4937

CR2E037 (10/97)