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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90019 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50062**

1. Corporation Name

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

Principal Place of Business

316 OSCEOLA ST  
 PALATKA FL 32177  
 US

Mailing Address

PO BOX 5  
 PALATKA FL 32178  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/07/1992

4. FEI Number

59-6200800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

TUBMAN, VINCENT A JR  
 ST RT 3 BOX 132 HCL Box 2132  
 SATSUMA FL 32189

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ~~DELETE~~  
 NAME WALTER F GABEL  
 STREET ADDRESS RR1, BOX 691, C  
 CITY-ST-ZIP EAST PALATKA FL

TITLE ☐ DELETE  
 NAME KILGORE, RAYMOND SR  
 STREET ADDRESS 615 ST JOHNS AVENUE  
 CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE  
 NAME TODD, EDGAR F  
 STREET ADDRESS 207 CITRA DRIVE  
 CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE  
 NAME LESTER, JOHN O  
 STREET ADDRESS RT 3, BOX 1244  
 CITY-ST-ZIP SATSUMA FL

TITLE ☐ DELETE  
 NAME TUBMAN, VINCENT A JR  
 STREET ADDRESS RT 3 BOX 132 HCL Box 2132  
 CITY-ST-ZIP SATSUMA FL

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. 1.1 TITLE ☐ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

Tubman, Vincent A Jr ☒ Change ☐ Addition  
 HCL Box 2132  
 SATSUMA, FL 32189

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, with a different name empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 904 642 4937  
 Date Daytime Phone #

CR2E037 (11/98)