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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N50940** (8)
1. Corporation Name
LEMON BAY AMERICAN LEGION POST #276, INC.

Principal Place of Business Mailing Address
350 S. MCCALL RD. ENGLEWOOD FL **350 S. MCCALL RD. ENGLEWOOD FL**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1992** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-6200574** 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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BRASAEMLE, R.W.
350 S. MCCALL ROAD
ENGLEWOOD FL

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 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 **RALPH W. BRASAEMLE, PRESIDENT** **March 8, 1995**
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CPD
NAME	ROBINSON, HERBERT P
STREET ADDRESS	4228 GROVELAND
CITY - ST - ZIP	SARASOTA FL
TITLE	VCVP
NAME	BRASAEMLE, RALPH W
STREET ADDRESS	1915 MICHIGAN AVE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	STD
NAME	RIGGS, RANSOM H
STREET ADDRESS	1685 MOURNING DOVE LANE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	TD
NAME	OLMS, FRANK L
STREET ADDRESS	863 SEABROOKE AVE
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	D
NAME	TANNATT, WILLARD C
STREET ADDRESS	11029 VANESSA
CITY - ST - ZIP	ENGLEWOOD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRASAEMLE, RALPH W.	
1.3 STREET ADDRESS	1915 MICHIGAN AVE	
1.4 CITY - ST - ZIP	ENGLEWOOD FL 34224	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIGGS, RANSOM H	
2.3 STREET ADDRESS	1685 MOURNING DOVE LANE	
2.4 CITY - ST - ZIP	ENGLEWOOD FL 34224	
3.1 TITLE	S T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OLMS, FRANK L.	
3.3 STREET ADDRESS	863 SEABROOKE DR	
3.4 CITY - ST - ZIP	ENGLEWOOD FL 34223	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TANNATT, WILLARD C	
4.3 STREET ADDRESS	11029 VANESSA	
4.4 CITY - ST - ZIP	ENGLEWOOD FL 34224	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CRONE, WALTER K	
5.3 STREET ADDRESS	716 BUTTERFIELD CIRCLE	
5.4 CITY - ST - ZIP	ENGLEWOOD FL 34223	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SMITH, RAYMOND H	
6.3 STREET ADDRESS	1215 JEFFERSON DR	
6.4 CITY - ST - ZIP	ENGLEWOOD FL 34224	

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 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: **Frank L. Olms** **FRANK L. OLMS** **3/8/95** **475-3337**
Signature and typed or printed name of signing officer or director Date Daytime Phone #