

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N50940** (8)
1. Corporation Name
LEMON BAY AMERICAN LEGION POST #276, INC.

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| Principal Place of Business 350 S. MCCALL RD. ENGLEWOOD FL 34223 | Mailing Address P.O. BOX 706 ENGLEWOOD FL 34295-0706 |
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| 3. Date Incorporated or Qualified 09/18/1992 | 4. FEI Number 59-6200574 | Applied For <input type="checkbox"/> Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 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
**RIGGS, RANSOM H.
925 S. RIVER RD.
APT. D201
ENGLEWOOD FL 34223**

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 Ransom H. Riggs, Adjutant & Finance Officer Jan 30, 1998
Signature, typed or printed name of registered agent, and date if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C <input checked="" type="checkbox"/> DELETE ALBANO, ROCCO 603 PINE NEEDLE LANE ENGLEWOOD FL 34223 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD <input type="checkbox"/> DELETE JOHNSON, STEPHEN 7419 CLEARWATER ST. ENGLEWOOD FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> DELETE MINCHELLA, ANTHONY V. 7415 CASTLEBERRY TERRACE ENGLEWOOD FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input type="checkbox"/> DELETE RIGGS, RANSOM H. 925 S. RIVER RD., APT. D201 ENGLEWOOD FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> DELETE TANNATT, WILLARD C 11029 VANESSA ENGLEWOOD FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> DELETE TERHUNE, ROBERT D. 501 BLACKBURN ST. ENGLEWOOD FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
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| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph F. Exner 50 Englewood Heights Rd Englewood FL 34223 |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | Vice-Commander, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Douglas A. Napier 9373 El Campo Ave Englewood FL 34224 |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Ransom H. Riggs Jan 30, 1998 941-474-1154

CR2E037 (10/97)