

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

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DOCUMENT # N50940

1. Corporation Name

LEMON BAY AMERICAN LEGION POST #276, INC.

Principal Place of Business

350 S. MCCALL RD.
ENGLEWOOD FL 34223

Mailing Address

P.O. BOX 706
ENGLEWOOD FL 34295-0706



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/18/1992

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☒ DELETE
NAME EXNER, JOSEPH F
STREET ADDRESS 50 ENGLEWOOD HEIGHTS RD
CITY-ST-ZIP ENGLEWOOD FL 34223

TITLE VD ☒ DELETE
NAME JOHNSON, STEPHEN
STREET ADDRESS 7419 CLEARWATER ST.
CITY-ST-ZIP ENGLEWOOD FL

TITLE VCD ☒ DELETE
NAME NAPIER, DOUGLAS A
STREET ADDRESS 9373 EL CAMPO AVE
CITY-ST-ZIP ENGLEWOOD FL 34224

TITLE STD ☐ DELETE
NAME RIGGS, RANSOM H.
STREET ADDRESS 925 S. RIVER RD., APT. D201
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ DELETE
NAME TANNATT, WILLARD C
STREET ADDRESS 11029 VANESSA
CITY-ST-ZIP ENGLEWOOD FL

TITLE D ☐ DELETE
NAME TERHUNE, ROBERT D.
STREET ADDRESS 501 BLACKBURN ST.
CITY-ST-ZIP ENGLEWOOD FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Douglas A. Napier
1.3 STREET ADDRESS 9373 El Campo Ave
1.4 CITY-ST-ZIP Englewood FL 34224

2.1 TITLE VP ☒ Change ☒ Addition
2.2 NAME Arthur L. Edwards
2.3 STREET ADDRESS 1800 Englewood Rd, #5
2.4 CITY-ST-ZIP Englewood FL 34223

3.1 TITLE STD ☐ Change ☐ Addition
3.2 NAME Ransom H. Riggs
3.3 STREET ADDRESS 925 S. River Rd, Apt D201
3.4 CITY-ST-ZIP Englewood FL 34223

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Stanley Kristoff
4.3 STREET ADDRESS 8484 Buttonquail Dr
4.4 CITY-ST-ZIP Englewood FL 34224

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

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 all other like empowered.

SIGNATURE:

Ransom H. Riggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ransom H. Riggs 9/1/99 (941) 474-1114
Daytime Phone #

CR2E037 (11/98)