

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Aug 12 1998 8:00am
Secretary of State

DOCUMENT # N51271

(7)

1. Corporation Name

WALKER BROWNING POST 102, INC. THE AMERICAN LEGION

Principal Place of Business

309 MAIN STREET
HASTINGS FL 32145

Mailing Address

P.O. BOX 924
HASTINGS FL 32145

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/24/1992

4. FEI Number

59-6151005

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STEVENS, THOMAS W
8270 SMITH STREET
HASTINGS FL 32145

10. Name and Address of New Registered Agent

81 Name

STEVENS, THOMAS

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

8270 SMITH STREET

83

HASTINGS, FL., 32145

84 City

HASTINGS, FL.

FL

85 Zip Code
32145

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)

500002615635

08/13/98--01103--008

12. OFFICERS AND DIRECTORS

TITLE D
NAME STEVENS, THOMAS W.
STREET ADDRESS 8270 SMITH ROAD
CITY-ST-ZIP HASTINGS FL

TITLE D
NAME WRIGHT, JAMES
STREET ADDRESS 102 EAST LATIN STREET
CITY-ST-ZIP HASTINGS FL

TITLE D
NAME SMITH, WALTER E
STREET ADDRESS 4946 CR 208
CITY-ST-ZIP ST AUGUSTINE FL

TITLE D
NAME JONES, THOMAS
STREET ADDRESS 8767 EAST CHURCH STREET
CITY-ST-ZIP HASTINGS FL

TITLE C
NAME BOUTHILLETTE, GEORGE F
STREET ADDRESS 4040 FLAGLER ESTATES BLVD
CITY-ST-ZIP HASTINGS FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Commander
1.2 NAME Stevens, Thomas
1.3 STREET ADDRESS 8270 Smith Road,
1.4 CITY-ST-ZIP Hastings, FL., 32145

2.1 TITLE D
2.2 NAME Wright, James
2.3 STREET ADDRESS 102 East Latin Street,
2.4 CITY-ST-ZIP Hastings, FL., 32145

3.1 TITLE D
3.2 NAME Herron, William
3.3 STREET ADDRESS 10010 West Deep Creek Blvd.,
3.4 CITY-ST-ZIP Hastings, FL., 32145

4.1 TITLE D
4.2 NAME Stanton, Charles
4.3 STREET ADDRESS 111 Lattin Street, Hastings, FL., 32145
4.4 CITY-ST-ZIP

5.1 TITLE C
5.2 NAME Boothillette, George F.
5.3 STREET ADDRESS 400 Flagler Estate Blvd., Hastings, FL.
5.4 CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)