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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N93000000512 (4)**

1. Corporation Name

AMERICAN LEGION CEMETERY CORPORATION

Principal Place of Business	Mailing Address
3810 WEST KENNEDY BLVD. TAMPA FL 33609	3810 WEST KENNEDY BLVD. TAMPA FL 33609-2720

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-3243962 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, TOM J JR
3321 CYPRESS STREET
TAMPA FL 33607-5005

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 Tom J Johnson Jr. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, TOM J		1.2 NAME		
STREET ADDRESS	3321 CYPRESS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 05		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HALL, DANIEL W		2.2 NAME		
STREET ADDRESS	3914 OKLAHOMA ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 12		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, SARA L		3.2 NAME		
STREET ADDRESS	3626 GARDENIA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CRANDELL, NAOMI L		4.2 NAME	Crandell, Naomi L	
STREET ADDRESS	4708 EL PRADO BLVD		4.3 STREET ADDRESS	4708 El Prado Blvd	
CITY-ST-ZIP	TAMPA FL 08		4.4 CITY-ST-ZIP	Tampa FL 3362908308	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NORES, AGNES D		5.2 NAME		
STREET ADDRESS	3818 SANTIAGO ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	T	☐ Change ☒ Addition
NAME	HANDSCHY, GLEN G		6.2 NAME	Herbert R. Springston	
STREET ADDRESS	3813 ROGERS AVE		6.3 STREET ADDRESS	4510 S Grady Ave	
CITY-ST-ZIP	TAMPA FL 24		6.4 CITY-ST-ZIP	Tampa FL 33611-2217	

CR2E037 (9/96)

14. I do 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 added on an attachment with an address.

SIGNATURE: Daniel W Hall SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 27, 1997 (813) 839-0537
Date Daytime Phone # 0047635