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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 02/04/1993

4. FEI Number: 59-3243962 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	[X] 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	TAMPA FL 33607-5005
TITLE	P	☐ DELETE	2.1 TITLE	[X] 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	TAMPA FL 33616-2412
TITLE	S	☐ DELETE	3.1 TITLE	[X] 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	TAMPA FL 33629-8230
TITLE	D	[X] DELETE	4.1 TITLE	D ☐ Change [X] Addition
NAME	CRANDELL, NAOMI L.		4.2 NAME	GLEN G. HANDSCHY
STREET ADDRESS	4708 EL PRADO BLVD.		4.3 STREET ADDRESS	3813 ROGERS AVE
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	TAMPA FL 33611-3524
TITLE	D	☐ DELETE	5.1 TITLE	[X] 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	TAMPA FL 33629-7812
TITLE	T	☐ DELETE	6.1 TITLE	[X] Change ☐ Addition
NAME	SPRINGSTON, HERBERT R.		6.2 NAME	
STREET ADDRESS	4510 S. GRADY AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	TAMPA FL 33611-2217

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: [illegible]

CR2E037 (10/97)