2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State
03-02-2004 90041 016 ****61.25

DOCUMENT # N93000000512

1. Entity Name

AMERICAN LEGION CEMETERY CORPORATION

Principal Place of Business	Mailing Address
3810 WEST KENNEDY BLVD. TAMPA FL 33609	4510 S GRADY AVE TAMPA FL 33611

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, TOM J JR
4619 W BROWNING AVE
TAMPA FL 33629-6505

7. Name and Address of New Registered Agent

Name Herbert R Springston

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

4510 S Grady Ave

City Tampa **FL** Zip Code 33611

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, TOM J 4619 W BROWNING AVE TAMPA FL 33629-6505	☐ Delete	D Chester V. Frost, JR P.O. Box 1453 Riverview FL 33568	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HALL, DANIEL W 3914 OKLAHOMA ST TAMPA FL 33616	☐ Delete	D Jean Wilson 48511 W Gandy BL 15 L23 Tampa FL 33611	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ARNOLD, SARA L 3626 GARDENIA ST TAMPA FL 33611	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANDSCHY, GLEN G 3813 W ROGERS AVE TAMPA FL 33611	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORES, AGNES D 4902 BAYSHORE BLVD APT 811 TAMPA FL 33611-3866	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPRINGSTON, HERBERT R. 4510 S. GRADY AVE. TAMPA FL 33611	☐ Delete		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Herbert R Springston 813-839-0809

SIGNATURE: Herbert R Springston 2-17-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #