

## ANNUAL REPORT

DOCUMENT # N93000000512

1. Entity Name  
AMERICAN LEGION CEMETERY CORPORATIONPrincipal Place of Business  
3810 WEST KENNEDY BLVD.  
TAMPA, FL 33609Mailing Address  
4405 W VASCONIA ST  
TAMPA, FL 33629-8325FILED  
Jul 29, 2005 8:00 am  
Secretary of State

07-29-2005 90014 018 \*\*\*\*70.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06292005

Chg-NP

CR2E037 (10/03)

City &amp; State

City &amp; State

4. FEI Number  
59-3243962

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMBLIN, ROSEMARY  
4405 W VASCONIA ST  
TAMPA, FL 33629-8325

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25  
Due by September 7, 20059. Election Campaign Financing  
Trust Fund Contribution.\$5.00 May Be  
Added to FeesMake check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | VD                  | <input type="checkbox"/> Delete |
| NAME            | JOHNSON, TOM J      |                                 |
| STREET ADDRESS  | 4619 W BROWNING AVE |                                 |
| CITY - ST - ZIP | TAMPA, FL 336296505 |                                 |

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | P                | <input type="checkbox"/> Delete |
| NAME            | HALL, DANIEL W   |                                 |
| STREET ADDRESS  | 3914 OKLAHOMA ST |                                 |
| CITY - ST - ZIP | TAMPA, FL 33616  |                                 |

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |                  |                                 |
|-----------------|------------------|---------------------------------|
| TITLE           | S                | <input type="checkbox"/> Delete |
| NAME            | ARNOLD, SARA L   |                                 |
| STREET ADDRESS  | 3626 GARDENIA ST |                                 |
| CITY - ST - ZIP | TAMPA, FL 33611  |                                 |

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |                          |  |
|-----------------|--------------------------|--|
| TITLE           | D                        | <input checked="" type="checkbox"/> Delete |
| NAME            | FROST, CHESTER           |  |
| STREET ADDRESS  | 12003 DOGWOOD WAY        |  |
| CITY - ST - ZIP | RIVIERVIEW, FL 335681453 |  |

|                 |                         |  |
|-----------------|-------------------------|--|
| TITLE           | D                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME            | ALTON Woodson Isom Jr   |  |
| STREET ADDRESS  | 4412 W. Estrella Street |  |
| CITY - ST - ZIP | Tampa FL 33629          |  |

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | D                  | <input type="checkbox"/> Delete |
| NAME            | MATTHEWS, MARIANNE |                                 |
| STREET ADDRESS  | 2409 S LOIS        |                                 |
| CITY - ST - ZIP | TAMPA, FL 33629    |                                 |

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | T                   | <input type="checkbox"/> Delete |
| NAME            | HAMBLIN, ROSEMARY   |                                 |
| STREET ADDRESS  | 4405 W VASCONIA ST  |                                 |
| CITY - ST - ZIP | TAMPA, FL 336298325 |                                 |

|                 |  |   |
|-----------------|--|---|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            |  |   |
| STREET ADDRESS  |  |   |
| CITY - ST - ZIP |  |   |

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.

SIGNATURE

ALTON Woodson Isom JR.