

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N93000000512

1. Entity Name
AMERICAN LEGION CEMETERY CORPORATION



Principal Place of Business
3810 WEST KENNEDY BLVD.
TAMPA, FL 33609

Mailing Address
4405 W VASCONIA ST
TAMPA, FL 33629-8325



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3243962	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Rosemary Hamblin

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

1/22/07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	JOHNSON, TOM J
STREET ADDRESS	4619 W BROWNING AVE
CITY-ST-ZIP	TAMPA, FL 336296505
TITLE	P
NAME	HALL, DANIEL W
STREET ADDRESS	3914 OKLAHOMA ST
CITY-ST-ZIP	TAMPA, FL 33616
TITLE	S
NAME	ARNOLD, SARA L
STREET ADDRESS	3626 GARDENIA ST
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	WOODSON ISOM, JR, ALTOK
STREET ADDRESS	4412 W. ESTRELLA STREET
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	D
NAME	MATTHEWS, MARIANNE
STREET ADDRESS	2409 S LOIS
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	T
NAME	HAMBLIN, ROSEMARY
STREET ADDRESS	4405 W VASCONIA ST
CITY-ST-ZIP	TAMPA, FL 336298325

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01/26/07-80014-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Rosemary Hamblin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/07

Date

813-347-6681

Daytime Phone #