

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N93000000944

1. Entity Name
**LANDRUM MEMORIAL AMERICAN LEGION POST 236,
INC.**



Principal Place of Business
**525 SE 3RD AVENUE
WILLISTON, FL 32696**

Mailing Address
**POST OFFICE BOX 427
BRONSON, FL 32621**

DO NOT WRITE IN THIS SPACE



03052008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6200720

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FIELDS, DWIGHT C
8570 NE 110TH AVENUE
BRONSON, FL 32621**

**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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FIELDS, DWIGHT C
8570 NE 110TH AVENUE
BRONSON, FL 32621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
FLYNN, LEO N
10391 NE 73 ST
BRONSON, FL 32621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LEMERY, CARL F
950 NE HWY 27 AVENUE
CHIEFLAND, FL 32626**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
SPRATLIN, RICHARD
5151 NE 101ST AVENUE
BRONSON, FL 32621**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
LOMAURO, JOSEPH C
8350 NE 178TH TERRACE
WILLISTON, FL 32696**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000849829
03/21/08-80036-015 61.25

**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, and all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08

Date

352-486-5821

Daytime Phone #