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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90048 043 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N94000002755

1. Corporation Name

AMERICAN LEGION LAKESHORE POST 137 INC.

273618-90058-41



| | |
|---|---|
| Principal Place of Business | Mailing Address |
| 5443 SAN JUAN AVENUE JACKSONVILLE FL 32210 | 5443 SAN JUAN AVENUE JACKSONVILLE FL 32210 |

| | | |
|--|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 05/27/1994 |
| 22 City & State | 27 City & State | 4. FEI Number |
| 23 Zip | 28 Zip | NOT APPLICABLE |
| 24 Country | 30 Country | 5. Certificate of Status Desired |
| | | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing |
| | | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |
| BLANTON, BONNIE B 5443 SAN JUAN AVENUE JACKSONVILLE FL 32210 | | 81 Name CHARLES G. COOPER, SR. 82 Street Address (P.O. Box Number is Not Acceptable) 5443 SAN JUAN AVE. 83 JACKSONVILLE, FL. 32210 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 Charles G. Cooper, Sr.

(NOTE: Registered Agent signature required when reappointing)

DATE 3-19-99

| | | | |
|---------------------------------|-----------------------|---|-----------------|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| <input type="checkbox"/> DELETE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| STREET ADDRESS | 314 WARTON ST | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.1 TITLE | 2.2 NAME |
| TITLE | NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| STREET ADDRESS | PHILLIPS, LLOYD A | 3.1 TITLE | 3.2 NAME |
| CITY-ST-ZIP | 5339 REDRAC ST | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| STREET ADDRESS | GADD, DAVID M | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| CITY-ST-ZIP | 8076 KATHY ST | 5.1 TITLE | 5.2 NAME |
| TITLE | NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| STREET ADDRESS | COMPTON, JOHN R | 6.1 TITLE | 6.2 NAME |
| CITY-ST-ZIP | 5343 LEXINGTON AVE | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |
| TITLE | NAME | | |
| STREET ADDRESS | WHITCOMB, PHILIP A | | |
| CITY-ST-ZIP | 5236 MARLENE AVE | | |
| TITLE | NAME | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32210 | | |

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, with all other like empowered.

SIGNATURE: Charles G. Cooper, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

(904) 387-3373

Daytime Phone #

CR2E037 (1/98)