

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000006192 (8)

1. Corporation Name

LOTSRAW AMERICAN LEGION POST #368 INC



Principal Place of Business

Mailing Address

19170 NW US HWY 441 UNIT #3
MCINTOSH FL 32681
US

P O BOX 668
ORANGE LAKE FL 32681
US

3. Date Incorporated or Qualified
12/19/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 5501 W. County Rd. 316

26

4. FEI Number
59-3270283

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

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

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Reddick, FL

24 32686 25 MARION

29 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUGGS, JOHN
19170 NW US HWY 441 UNIT #3
ORANGE LAKE FL 32681

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME SUGGS, JOHN
STREET ADDRESS P O BOX 212
CITY-ST-ZIP ORANGE PARK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE T
NAME SUGGS, KELLY
STREET ADDRESS 11809 SW 103RD AVE
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE T
NAME HITCHCOCK, GERALD
STREET ADDRESS P O BOX 385
CITY-ST-ZIP ORANGE LAKE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE T
NAME BARRIE, RICHARD
STREET ADDRESS 9750 NW 200TH ST RD
CITY-ST-ZIP MCINTOSH FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VP
NAME KADLAC, ED
STREET ADDRESS P O BOX 801
CITY-ST-ZIP CITRA FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE VP
NAME BERAY, STEVEN
STREET ADDRESS 11103 SW 122ND ST
CITY-ST-ZIP GAINESVILLE FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SUGGS 4/16/96 (352) 591-3677

CR2E037 (12/95)