


FILE NOW: FILING FEE IS \$61.25

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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006192 (8)**

1. Corporation Name

**LOTSHAW AMERICAN LEGION POST #368 INC**

Principal Place of Business

Mailing Address

**5501 W COUNTY RD. 316  
REDDICK FL 32686  
US**

**P O BOX 668  
ORANGE LAKE FL 32681-0668  
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1994</b>		3a. Date of Last Report <b>04/24/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3270283</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	<b>BLACKSHIRE PAUL</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>6060 NW 193rd</b>
83	
84 City	<b>ORANGE LAKE FL</b>
85 Zip Code	<b>32681</b>

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 *Paul Blackshire*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b>	11 TITLE	<b>C</b>
NAME	<b>SUGGS, JOHN</b>	12 NAME	<b>PAUL BLACKSHIRE</b>
STREET ADDRESS	<b>P O BOX 212</b>	13 STREET ADDRESS	<b>P.O. Box 411 - 6060 NW 193rd.</b>
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	14 CITY-ST-ZIP	<b>ORANGE LAKE FL 32681</b>
TITLE	<b>T</b>	21 TITLE	<b>T</b>
NAME	<b>WATKINS, JOHN W.</b>	22 NAME	<b>PATRICIA CHARRON</b>
STREET ADDRESS	<b>11103 SW 122ND ST</b>	23 STREET ADDRESS	<b>P.O. Box 327 NA</b>
CITY-ST-ZIP	<b>ORANGE LAKE FL</b>	24 CITY-ST-ZIP	<b>ORANGE LAKE FL 32681</b>
TITLE	<b>T</b>	31 TITLE	<b>T</b>
NAME	<b>HITCHCOCK, GERALD</b>	32 NAME	<b>ROBYN McLAUGHLIN</b>
STREET ADDRESS	<b>P O BOX 385</b>	33 STREET ADDRESS	<b>RT 2 Box 299-15 NA</b>
CITY-ST-ZIP	<b>ORANGE LAKE FL</b>	34 CITY-ST-ZIP	<b>MICANOPY FL 32667</b>
TITLE	<b>T</b>	41 TITLE	<b>VP</b>
NAME	<b>BARRIE, RICHARD</b>	42 NAME	<b>RICHARD BARRIE</b>
STREET ADDRESS	<b>9750 NW 200TH ST RD</b>	43 STREET ADDRESS	<b>9750 NW 200th St Rd.</b>
CITY-ST-ZIP	<b>MCINTOSH FL</b>	44 CITY-ST-ZIP	<b>McIntosh FL</b>
TITLE	<b>VP</b>	51 TITLE	<b>VP</b>
NAME	<b>KADLAC, ED</b>	52 NAME	<b>Ed KADLAC</b>
STREET ADDRESS	<b>P O BOX 801</b>	53 STREET ADDRESS	<b>P.O. Box 801 NA</b>
CITY-ST-ZIP	<b>CITRA FL</b>	54 CITY-ST-ZIP	<b>CITRA FL</b>
TITLE	<b>VP</b>	61 TITLE	<b>T</b>
NAME	<b>BERAY, STEVEN</b>	62 NAME	<b>Ed CHARRON</b>
STREET ADDRESS	<b>11103 SW 122ND ST</b>	63 STREET ADDRESS	<b>P.O. Box 327 NA</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	64 CITY-ST-ZIP	<b>ORANGE LAKE FL 32681</b>

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Paul Blackshire* 1-3597

Date

Daytime Phone #0011087

CR2E037 (9/96)