

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 8501 W COUNTY RD. 316 REDDICK FL 32686 US	Mailing Address P O BOX 668 ORANGE LAKE FL 32681 US
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2. Principal Place of Business 21 19460 N Hwy 441 Suite, Apt. #, etc. 22 City & State 23 ORANGE LAKE Zip 24 32681 Country 25 MARION	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 12/19/1994	4. FEI Number 59-3270283	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent BLACKSHIRE, PAUL 6060 N.W. 193RD ORANGE LAKE FL 32681	
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10. Name and Address of New Registered Agent 81 Name CHARLES T. JEMPSON 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 T. Jempson (NOTE: Registered Agent signature required when reinstating) DATE **4/30/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C BLACKSHIRE, PAUL	1.2 NAME	COMMANDER CHARLES T. JEMPSON
STREET ADDRESS	6060 N.W. 193RD	1.3 STREET ADDRESS	RR 1 BOX 257
CITY-ST-ZIP	ORANGE LAKE FL	1.4 CITY-ST-ZIP	MICANOPY FL 32667
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CHARRON, PATRICIA	2.2 NAME	SENIOR VICE CMDR TOM FELVER
STREET ADDRESS	P.O. BOX 327 N/A	2.3 STREET ADDRESS	9540 NW HWY 320
CITY-ST-ZIP	ORANGE LAKE FL	2.4 CITY-ST-ZIP	MICANOPY FL 32667
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T MCLAUGHLIN, ROBYN	3.2 NAME	SECOND VICE CMDR JOE KRUTHER
STREET ADDRESS	RT 2 BOX 299-15	3.3 STREET ADDRESS	20611 2ND ST
CITY-ST-ZIP	MICANOPY FL	3.4 CITY-ST-ZIP	MICANOPY FL 32664
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP BARRIE, RICHARD	4.2 NAME	TRUSTEE LARRY MCGUIRK
STREET ADDRESS	9750 NW 200TH ST RD	4.3 STREET ADDRESS	13979 NE 53RD CT
CITY-ST-ZIP	MCINTOSH FL	4.4 CITY-ST-ZIP	CITRA FL 32113
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP KADLAC, ED	5.2 NAME	TRUSTEE BOB MIZELL
STREET ADDRESS	P O BOX 801	5.3 STREET ADDRESS	RT 1 BOX 600
CITY-ST-ZIP	CITRA FL	5.4 CITY-ST-ZIP	MICANOPY
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T CHARRON, ED	6.2 NAME	TRUSTEE MARK LEE
STREET ADDRESS	P.O. BOX 327 N/A	6.3 STREET ADDRESS	3810 W HWY 318
CITY-ST-ZIP	ORANGE LAKE FL	6.4 CITY-ST-ZIP	CITRA FL 32113

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.

SIGNATURE: Charles T. Jempson DATE: **4/30/98** (1862) ALL-3549

CR2E037 (10/97)