


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09; 2004 08:00 AM
Secretary of State

DOCUMENT # N95000004249	
1. Entity Name VOITURE LOCALE #218, LA GRANDE VOITURE OF FLORIDA: LA SOCIETE DES QUARANTE ET HUIT CHEVAUX, INC.	

Principal Place of Business AMERICAN LEGION 300 AVENUE M NW WINTER HAVEN, FL 33881	Mailing Address AMERICAN LEGION 300 AVENUE M NW WINTER HAVEN, FL 33881
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3351372	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GIFFIN, CHUCK
1254 TANGERINE PARK WAY, N.E.
WINTER HAVEN, FL 33881

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IN THIS SPACE**

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAYE, JOHN 116 7TH ST JPV WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SEITZINGER, TOM 200 AVE K SE #98 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIFFIN, CHUCK 1254 TANGERINE PKWY NE WINTER HAVEN, FL 33881
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01/09/04-80029-013 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Tom Seitzinger Commissaire Intendant 01-06-04 863-293-7029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #