SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97; \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

N95000005034 (2) DOCUMENT

FILED Aug 06 1997 8:00am Secretary of State

7/28/97

15617391-5106

THE ROYAL BRITISH LEGION, THE 1ST FLORIDA BRANCH INC.									
Principal Place	e of Business	Mailing Address				-	! !!! !! !!! !!!! !!!!!!!!!!!!!!!!!!		((4
•		<u>-</u>							
C/O MAURICE (331 EAST PROS		C/O MAURICE GRAHAM 331 EAST PROSPECT ROAD				1			
OAKLAND PARK		OAKLAND PARK FL 33334			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report				
						3. Date Incorporated or Qualified 10/23/1995		19/199	
	lace of Business	2a. Mailing Address				4. FEI Number 65-0637814			oplied For
Suite, Apt.	# ato	Suite, Apt. #, etc.				03 0037814			t Applicable
22	#, 0 (0.	27				Certificate of Status Desired		Fee Re	Additional equired
City & State	6	City & State			6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	untry	'	8. This corporation owes or has pa	id the current	year Int	angible
24	25	29	30			Personal Property Tax due June		3S [NO NA
	9. Name and Address of Curre	nt Registered Agent		81	Mana	10. Name and Address of New Re	gistered Age	<u>11</u>	, .
*****				"	Name				
	I, MAURICE	82 Street Ad			Street Addre	ss (P.O, Box Number is Not Acceptab	ole)		
	T PROSPECT ROAD		63						
UAKLANI	D PARK FL 33334			63					
				84	City		FL 8	Zip (Code
11 Dureuant	to the provisions of Sections 617 050	32 and 617 1508 Florida Statul	es the a	bove	a-named corn	pretion submits this statement for the		nging it	e registered
office or r	egistered agent, or both, in the State	of Florida. Such change was	authorize	d by	the corporation	pration submits this statement for the pon's board of directors. I hereby accept	of the appoint	nent as	registered
	im familiar with, and accept the oblig	ations of, Section 617,0503, FI	orida Sta	tutes	S.		- 18 -	- C	\neg
SIGNATURE .	Signature, typed or printed name of registered ap	ent and title If applicable (NO)	E: Registere	d Age	nt signature require	d when reinstating)	DATE	-4-	/
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIF	ECTOR	S IN 12
TITLE	P/TR	DELETE	1.1 TI	ITLE				Change	Addition
NAME	YOUNG, ALAN H		1.2 N	AME					
STREET ADDRESS			1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP	TAMARAC FL 33319				T-ZIP				
TITLE	VSTR	☐ DELETE 2.1 T		TLE				Change	Addition
NAME	HEATON-JONES, BRIAN			2.2 NAME					
STREET ADDRESS	1453 NW 10TH STREET			2.3 STREET ADDRESS					
CITY-ST-ZIP	DANIA FL 33004		2. 4 CIT		ST-ZIP				
TITLE	T/TR	☐ DELETE	3.1 TI		ĺ		Ш	Change	Addition
NAME	LOW, GEORGE R		3.2 N						
STREET ADDRESS	2206 NW 39TH AVENUE COCONUT CREEK FL 33066				ADDRESS				
CITY-ST-ZIP	OUCUMUI UNEER PL 33000	DELETE	3.4. C	ITY-S	or - ZIP			Change	Addition
NAME		C) Official	4.21					o.m.yu	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		•		incei ITY-\$1					
TITLE		DELETE	5.1 T/		1 - LH			Change	Addition
NAME		 · -	5.2 N					•	
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				ITY-SI					
TITLE		DELETE 6.1						Change	Addition
NAME			6.2 N	AME	Ĭ				
STREET ADDRESS			6.3 S	TREET	ADDRESS				
CITY-ST-ZIP			6.4 C	ITY-SI	T-ZIP				
14. I do herek	by certify that the information supplies indicated on this appual report or	d with this filing does not quali	fy for the	exe	mption stated	in Section 119.07(3)(i), Florida Statute	s. I further cer	ify that	the
l am an of appears is	fficer or director of the corporation of n Block 12 or Block 13 if changed, o	r the receiver or trustee empower on an attachment with an add	vered to e dress.	XBCI	ute this report	my signature shall have the same lega as required by Chapter 617, Florida S	tatutes; and th	at my n	ame