

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005273 (5)

1. Corporation Name

WILLOUGHBY R. MARKS AMERICAN LEGION POST 106, IN C.

Principal Place of Business

**801 US HIGHWAY 86
APALACHICOLA FL 32320**

Mailing Address

**P.O. BOX 82
APALACHICOLA FL 32329**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**GAIDRY, DOUGLAS W
41 COMMERCE STREET
APALACHICOLA FL 32320**

3. Date Incorporated or Qualified

10/14/1996

4. FEI Number

59-3358666

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BLOODWORTH, RICHARD I	
STREET ADDRESS	PO BOX 656 N/A	
CITY-ST-ZIP	EASTPOINT FL 32328	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, CARL	
STREET ADDRESS	127 AVENUE C	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STEPHENS, FRANKLIN L.	
STREET ADDRESS	PO BOX 787 N/A	
CITY-ST-ZIP	APALACHICOLA FL 32320	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMILTON, JAMES G	
STREET ADDRESS	6 BIG OAKS BLUFF ROAD	
CITY-ST-ZIP	APALACHICOLA FL 32320-1066	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	Cooper JERRY J
1. STREET ADDRESS	PO BOX 731 N/A
1. CITY-ST-ZIP	EASTPOINT FL 32328
2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Wallace Hill
2. STREET ADDRESS	159 AVENUE C
2. CITY-ST-ZIP	APALACHICOLA FL 32320
3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME	SD DON BANTA
3. STREET ADDRESS	568 BROWNSVILLE RD
3. CITY-ST-ZIP	APALACHICOLA, FL 32320
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5. STREET ADDRESS	
5. CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 23 1998 8:00am
Secretary of State



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CR2E037 (5/98)