

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90074 012 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005672

1. Corporation Name

**ALFREDO SPENCE CORPORATION OF THE AMERICAN LEGIO
N POST NO. 182**

Principal Place of Business

**3523 MARLER AVENUE
MIAMI FL 33133**

Mailing Address

**3523 MARLER AVENUE
MIAMI FL 33133**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified
10/29/1996

4. FEI Number
65-0667764

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

9. Name and Address of Current Registered Agent

**EASON, ALICE
16800 NW 19TH AVE
MIAMI FL 33056**

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **EASON, ALICE**
CITY-ST-ZIP **16800 NW 19TH AVE**
MIAMI FL 33056

TITLE ☒ DELETE
NAME **VD**
STREET ADDRESS **RUMPH, EUGENE**
CITY-ST-ZIP **3542 FRANKLIN AVENUE**
MIAMI FL 33133

TITLE ☒ DELETE
NAME **S**
STREET ADDRESS **OSCAR, JESSIE**
CITY-ST-ZIP **3450 SHIPPING AVE**
MIAMI FL 33133

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **WHITE, DAVID A**
CITY-ST-ZIP **3523 MARKER AVE**
MIAMI FL 33133

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **JOHNSON, WILLIE J**
CITY-ST-ZIP **3342 THOMAS AVENUE**
MIAMI FL 33133

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CHRISTIE, CHARLES B**
CITY-ST-ZIP **6730 SW 62ND CT**
MIAMI FL 33143

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VD**
2.3 STREET ADDRESS **WHITE, STACY A.**
2.4 CITY-ST-ZIP **140 GEO ALLEN AVE**
CORAL GABLES, FL 33133

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **S**
3.3 STREET ADDRESS **WHITE, DAVID A.**
3.4 CITY-ST-ZIP **3523 MARLER AVE**
MIAMI, FL 33133

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T**
4.3 STREET ADDRESS **WHITE, ZACHARY A**
4.4 CITY-ST-ZIP **3519 MARLER AVE**
MIAMI, FL 33133

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE: *Alfredo Spence*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-98 (305) 565-9660
Date Daytime Phone #

CR2E037 (11/98)