

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90064 018 \*\*\*\*\*66.25

**DOCUMENT # N96000005672**

1. Entity Name

**ALFREDO SPENCE CORPORATION OF THE AMERICAN  
LEGION 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

**65-0667764**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BULLARD, CYRIL A.  
14410 SW 105 AVE  
MIAMI FL 33176**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☒

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EDWARD, HANNA	
STREET ADDRESS	1773 NW 52 ST	
CITY-STATE-ZIP	MIAMI FL 33142	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BULLARD, CYRIL A	
STREET ADDRESS	14410 SW 105 AVE	
CITY-STATE-ZIP	MIAMI FL 33176	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITE, DAVID A	
STREET ADDRESS	3523 MARLER AVE	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE	T	<input type="checkbox"/> Delete
NAME	WHITE, ZACHARY A	
STREET ADDRESS	3519 MARLER AVE	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, WILLIE J	
STREET ADDRESS	3342 THOMAS AVENUE	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIE, CHARLES B	
STREET ADDRESS	6730 SW 62ND CT	
CITY-STATE-ZIP	MIAMI FL 33143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard Curry	
STREET ADDRESS	3070 Hibiscus street	
CITY-STATE-ZIP	Miami, FL 33132	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. 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 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:** *David A. White* **David A. White**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Jan 28, 2005*