FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4

FILED

May 27 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N96000005920 (1)

AMERICAN LEGION POST 50, INC.

Principal Place of Business				Mailing Address				T TO DESIGN BUT OF THE CONTRACT OF STATE OF THE CONTRACT OF TH
142 BOYNTON BLYD.			P.O. BOX 2512					Date Incorporated or Qualified
DAYTONA BEACH FL 32118			DAYTONA BEACH FL 32115-2512					01/01/1997
								4 FEI Number Applied For
5 6	N====(B==)		1.0-	No. 15th and April 1				59-6200696 Not Applicable
2. Principal Place of Business				2a. Mailing Address				5. Certificate of Status Desired Section Section 5. Section Se
Suite, Apt. #, etc.				Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22				27				Trust Fund Contribution
City & State			<u></u>	City & State				7. Is this nonprofit corporation a homeowners association?
Zip	Zip Country			Zip Country				Yes No 8. This corporation owes or has paid the current year Intangible
24	25 29			- 'P	30			Personal Property Tax due June 30. Yes No
	9. Name	and Address of Current		tered Agent	1221			10. Name and Address of New Registered Agent
						81	Nam	ime
	OBERT A				82 Street Ad			reet Address (P.O. Box Number is Not Acceptable)
142 BOYNTON BLVD.								
DAYTON	na Be ach	FL 32118				83		
						84	City	ry FL 85 Zip Code
11. Pursuant	to the provis	sions of Sections 617.0502	and 6	17.1508. Florida Statu	tes, the	abovi	e-name	med corporation submits this statement for the purpose of changing its registered
office or a	registered a	gent, or both, in the State crith, and accept the obligat	f Flori	da. Such change was	authoria	zed by	the co	corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	ari i Q eri i ilica e e	in and decept the obligat	10110	1, 500000. 011.0000, 11	.0.100		.	
SIGNATURE	Signature types	d or printed name of registered agent					nt signate	nature required when reinstating) DATE
12.	1 :	OFFICERS AND	DIREC		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1			DELETE		TITLE		
NAME OTOGET ADODESC						NAME	ADDRESS	ESS BOQ NOW YORK AVE
STREET ADDRESS CITY-ST-ZIP						CITY-S		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE				DELETE	_	TITLE	11-511	Observe and Addition
NAME]				2.2	NAME		GILLES BLAIS RESS 7 10 MAGNOCIA AVE, PO BOX 250397
STREET ADDRESS	İ				2.3	STREET	ADDRESS	ESS 710 MAGNOCIA AND,
CITY-ST-ZIP					4 CITY-ST-ZIP HOLE			
TITLE	{	_				TITLE		ST=D Change Addition
NAME	1					NAME		ROSA A WOMENDER BEND, POBER 7/28
STREET ADDRESS					1		ADDRESS	ESS PALLER ROBERT 38111 - 700
CITY-ST-ZIP	 					I. CITY-: I TITLE	\$1 - ZIP	VD Change Daddition
NAME	İ				. I	2 NAME		DAYTONA BOACH FL 32116-7178 VD WILLIAM ROSSON RESTRESS SB2 VILLAGE IN
STREET ADDRESS]						ADDRESS	ESS 882 VILLAGE LR
CITY-ST-ZIP					1	CITY-S		Boston Karles Sel 120 rozza
TITLE				☐ DELETE	5.1	TITLE		☐ Change ☐ Addition
NAME					5.2	NAME		
STREET ADDRESS	 				5.3	STAEET	ADDRESS	ESS
CITY-ST-ZIP			····	- Delete		CITY-S	ST-ZIP_	
TITLE	-			☐ DELETE		TITLE		☐ Change ☐ AddItion
NAME.	1					NAME	. Y D D D E C I	NECC .
STREET ADDRESS	!				- 1	STREET CITY-S	ADDRESS	
14. I hereby	certify that the	ne information supplied with	n this I	filing does not qualify (for the e	yemn	tion sta	stated in Section 119 07(3Vi). 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								
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.								