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FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90191 001 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002027

1. Corporation Name

MANDARIN AMERICAN LEGION POST 372, INC.

Principal Place of Business
4517 CROSSTIE RD. NORTH
JACKSONVILLE FL 32257

Mailing Address
4517 CROSSTIE RD. NORTH
JACKSONVILLE FL 32257



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 PO BOX 23411	04/08/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3375934
City & State	City & State	Applied For
23	28 Jacksonville FL	Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	29 32241-3411	30 US
Country	Country	6. Election Campaign Financing
25	30	Trust Fund Contribution
		Added to Fees

9. Name and Address of Current Registered Agent

CHESSA, WALT
4517 CROSSTIE RD. NORTH
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESSA, WALT	1.2 NAME	
STREET ADDRESS	4517 CROSSTIE RD. NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GARY D	2.2 NAME	
STREET ADDRESS	11841 MANDARIN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAFIAS, JAMES S	3.2 NAME	
STREET ADDRESS	5022 AZURE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32258	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSTON, RICHARD M	4.2 NAME	
STREET ADDRESS	11248 CABOOSE CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCVEIGH, ROBERT III	5.2 NAME	
STREET ADDRESS	4150 CUMBRIAN GARDENS LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIDEL, HAROLD	6.2 NAME	
STREET ADDRESS	8336 BASCOM RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	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: WALT CHESSA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

904 260 4927

Daytime Phone #

CR2E037 (11/98)

0007031