FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

FILED
99 JUL -1 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005220

1. Corporation Name
MEMORIAL POST NO. 241, INC. THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
2101 LEGION ROAD SNEADS FL 32460	P.O. BOX 671 SNEADS FL 32460

160199900221002 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Same as above.	26 Box 671	09/14/1998
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number ☑ Applied For ☐ Not Applicable
23 City & State	28 Sneads, FL.	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
24 Zip / 25 Country	29 32460 / 30 Jackson	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DEATON, JOHN W 8110 HAWLEY STREET SNEADS FL 32460 Change To: →	81 Name: Roderick Pope, "D" Commander 82 Street Address (P.O. Box Number is Not Acceptable): Box 671 83 1690 Gulf Power Road 84 City: Sneads FL 85 Zip Code: 32460

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: Roderick Pope — Roderick Pope — 6-7-99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Adjutant "D" George Johnson 2167 Mohawk Trail Sneads, FL 32460 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Commander John W. Deaton P.O. Box 790 Sneads, FL 32460 ☑ Change ☐ Addition Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	"D" Dillon Kilpatrick, Finance Off 2250 Kilpatrick Lane Sneads , FL 32460 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) C.A. Dickson (Trustee) 1926 Inwood Road Grand Ridge, FL 32442 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) B.E. Charles (Trustee) 1934 Gloster Ave. Sneads, FL 32460 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(T) Herbert Brock (Trustee) Box 759, 1970 Gloster Ave. Sneads, FL 32460 ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Roderick Pope — **SIGNATURE REQUIRED** — 6-6-99 — (850)593-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #