

1. Entity Name

MEMORIAL POST NO. 241, INC. THE AMERICAN LEGION.

Principal Place of Business

2101 LEGION ROAD
SNEADS FL 32480

Mailing Address

P.O. BOX 671
SNEADS FL 32480-0671

2. Principal Place of Business

Same as above

Suite, Apt. #, etc.

3. Mailing Address

Same as above

Suite, Apt. #, etc.

City & State

Same

Zip

Same

Country

Same

City & State

Same

Zip

Same

Country

4. FEI Number

59-6200371

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POPE, RODERICK
BOX 671
1690 GULF POWER RD.
SNEADS FL 32460

7. Name and Address of New Registered Agent

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.

SIGNATURE

Roderick Pope

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

(NOTE: Registered Agent signature required when reinstating)

April 25, 2000

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing

Trust Fund Contribution.

☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> Delete
NAME	JOHNSON, GEORGE	
STREET ADDRESS	2167 MOHAWK TRAIL	
CITY-ST-ZIP	SNEADS FL 32480	
TITLE	FOD	<input type="checkbox"/> Delete
NAME	KILPATRICK, DILLON	
STREET ADDRESS	2250 KILPATRICK LANE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	T	<input type="checkbox"/> Delete
NAME	DICKSON, C.A.	
STREET ADDRESS	1926 INWOOD ROAD	
CITY-ST-ZIP	GRAND RIDGE FL 32442	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHARLES, B.E.	
STREET ADDRESS	1934 GLOSTER AVENUE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE	T	<input type="checkbox"/> Delete
NAME	BROCK, HERBERT	
STREET ADDRESS	BOX 759, 1970 GLOSTER AVE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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:

Roderick Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 10, 2000 8:00 am
Secretary of State

07-10-2000 90011 029 ****70.00

CR2ED37 (9/99)