

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90007 027 ****61.25

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1. Entity Name

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



Principal Place of Business

2101 LEGION ROAD
SNEADS FL 32460

Mailing Address

P.O. BOX 671
SNEADS FL 32460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6200371

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

EDWARDS, WALTER G
7934 OLD SPANISH TR.
PO BOX 45
SNEADS FL 32460

Name

DICKSON, C.A.

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

1926 INWOOD ROAD

City

GRAND RIDGE

FL

Zip Code

32442

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 C.A. DICKSON

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, 2004

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 AD ☐ Delete
NAME EDWARDS, WALTER G
STREET ADDRESS PO BOX 17
CITY-ST-ZIP SNEADS FL 32460

TITLE FOD ☐ Delete
NAME KILPATRICK, DILLON
STREET ADDRESS 2250 KILPATRICK LANE
CITY-ST-ZIP SNEADS FL 32460

TITLE VC ☐ Delete
NAME DICKSON, C.A.
STREET ADDRESS 1926 INWOOD ROAD
CITY-ST-ZIP GRAND RIDGE FL 32442

TITLE C ☐ Delete
NAME EDENFIELD, AARRON W
STREET ADDRESS 6776 HIGHWAY 90
CITY-ST-ZIP GRAND RIDGE FL 32442

TITLE T ☐ Delete
NAME WESTER, FAULINE
STREET ADDRESS PO BOX 282
CITY-ST-ZIP SNEADS FL 32460

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE AD ☒ Change ☐ Addition
NAME DICKSON, C.A.
STREET ADDRESS 1926 INWOOD ROAD
CITY-ST-ZIP GRAND RIDGE, FL 32442

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VC ☒ Change ☐ Addition
NAME HARRISON, WALTER A.
STREET ADDRESS PO BOX 122
CITY-ST-ZIP SNEADS, FL 32460

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Change ☐ Addition
NAME SEARST, George A
STREET ADDRESS 7351 BONE YARD RD
CITY-ST-ZIP GRAND RIDGE, FL 32442

TITLE ☐ Change ☐ 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:

C.A. Dickson C.A. DICKSON

Date

Daytime Phone #

2-2604