

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90229 022 ****61.25

DOCUMENT # N99000001444

1. Entity Name

PENSACOLA BEACH AMERICAN LEGION POST #379, INC.



Principal Place of Business

Mailing Address

P.O. BOX 6218
GULF BREEZE FL 32561

P.O. BOX 6218
GULF BREEZE FL 32561

10045529



☒ CHECK HERE IF MAKING CHANGES

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 **NOT APPLICABLE**

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

SCRIBNER, GEORGE R

1176 FINCH DRIVE

GULF BREEZE FL 32561

Name

Don Stevens

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

1365 Windsor Park RD.

City

Gulf Breeze

FL

Zip Code

32561

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

Don Stevens

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

(NOTE: Registered Agent signature required when reinstating)

2.4.03

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **HD**
NAME **GRIFFEN, RALPH**
STREET ADDRESS **1711 B ENSENADA UND**
CITY-ST-ZIP **PENSACOLA FL 32561**

☐ Delete

TITLE **D**
NAME **DON STEVENS**
STREET ADDRESS **1365 WINDSOR PARK RD**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

☐ Change

☒ Addition

TITLE **AD**
NAME **HINSON, J.C.**
STREET ADDRESS **1004 VIA DE LUNA DR**
CITY-ST-ZIP **PENSACOLA FL 32561**

☒ Delete

TITLE **AD**
NAME **BERGERON, WILLIAM F**
STREET ADDRESS **B CALLE TRAVIETA**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

☒ Change

☐ Addition

TITLE **SOT**
NAME **GOUDEY, JEFF**
STREET ADDRESS **715 MALDONADO**
CITY-ST-ZIP **PENSACOLA FL 32561**

☐ Delete

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

☐ Change

☐ Addition

TITLE **D**
NAME **RUPICUS, KONRAD**
STREET ADDRESS **3202 D REDWOOD LANE**
CITY-ST-ZIP **GULF BREEZE FL 32561**

☒ Delete

TITLE **D**
NAME **CHUCK LOIGNON**
STREET ADDRESS **713 MALDONAD DR**
CITY-ST-ZIP **PENSACOLA BEACH, FL 32561**

☒ Change

☐ Addition

TITLE **TD**
NAME **BLAKE, JOHN P**
STREET ADDRESS **502 YORK ST**
CITY-ST-ZIP **GULF BREEZE FL 32561**

☐ Delete

TITLE **-**
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

☐ Change

☐ Addition

TITLE **D**
NAME **HELSLEY, JACK**
STREET ADDRESS **3208 REDWOOD LN APT C**
CITY-ST-ZIP **GULF BREEZE FL 32563**

☒ Delete

TITLE **D**
NAME **STANLEY R. PIOWAREZYK**
STREET ADDRESS **3213 STANFORD RD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

☒ Change

☐ Addition

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:

Don Stevens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4.03

850-932-5218

CR2E037 (10/02)