

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732889

**Entity Name:** AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,  
DEPARTMENT OF FLORIDA

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**0037965414CC**

**Current Principal Place of Business:**

2874 S SANFORD AVE  
SANFORD, FL 32772

**Current Mailing Address:**

P.O. BOX #53  
SANFORD, FL 32772 US

**FEI Number: 59-6200272**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WASHINGTON, JOEL  
121 LAMPLIGHTER ROAD  
ALTAMONTE SPRINGS, FL 32714 US

*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: JOEL WASHINGTON**

**04/26/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ADJ  
Name RICE, GARY  
Address 2036 HAMMONCK MOSS DRIVE  
City-State-Zip: ORLANDO FL 32820

Title CFO  
Name RICE, GARY  
Address 2036 HAMMONCK MOSS DRIVE  
City-State-Zip: ORLANDO FL 32820

Title CMDR  
Name WASHINGTON, JOEL K  
Address 121 LAMPLIGHTER ROAD  
City-State-Zip: CASSELBERRY FL 32714

Title 2ND VC  
Name WASHINGTON, JOEL  
Address 121 LAMPLIGHTER RD  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title VP  
Name REAM, RICHARD  
Address 508 GRANDVIEW AVE N  
City-State-Zip: SANFORD FL 32771

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY RICE**

**ADJ**

**04/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date