

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010890

**Entity Name:** AMERICAN LEGION ANMCGAF POST 383, INC

**Current Principal Place of Business:**

1297 NE 82ND AVENUE  
OLD TOWN, FL 32680

**Current Mailing Address:**

P.O.BOX 220  
OLD TOWN, FL 32680

**FEI Number: 56-2438102**

**Certificate of Status Desired: Yes**

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

SMITH, ARIANNE E  
484 NE 355TH AVENUE  
OLD TOWN, FL 32680 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:** ARIANNE SMITH

03/09/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           HUBBERT, CRAIG W  
Address        1037 NE 808 ST.  
City-State-Zip: OLD TOWN FL 32680

Title           1STV  
Name           BAMBERGER, KATHY  
Address        PO BOX 1903  
City-State-Zip: OLD TOWN FL 32680

Title           2ND VICE COMMANDER  
Name           SEYMOUR, RUSSELL W  
Address        1787 SE HWY 349  
City-State-Zip: OLD TOWN FL 32680

Title           FINANCE OFFICER  
Name           SMITH, ARIANNE E  
Address        484 NE 355TH AVENUE  
City-State-Zip: OLD TOWN FL 32680

Title           JA  
Name           LUYK, MARY J  
Address        2241 SE 349 HWY  
City-State-Zip: OLD TOWN FL 32680

*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:** CRAIG HUBBERT

COMMANDER

03/09/2018

Electronic Signature of Signing Officer/Director Detail

Date