

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Oct 14 1998 8:00am  
Secretary of State

DOCUMENT # 707642 (5)

1. Corporation Name

JOHN G. SALLEY POST #43, AMERICAN LEGION, INC.

Principal Place of Business

Mailing Address

517 SOUTH KROME AVENUE  
HOMESTEAD FL 33030

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HOMESTEAD FL 33030

3. Date Incorporated or Qualified

07/27/1964

4. FEI Number

59-6153531

Applied For

Not Applicable

2. Principal Place of Business

21 399 S. Krome Ave.

2a. Mailing Address

26 399 S. Krome Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Homestead, FL

City & State

28 Homestead, FL

Zip

24 33030

Country

25 USA

Zip

29 33030

Country

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowner association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLS, D.B.  
522 N.W. 8TH AVE.  
HOMESTEAD FL 33030

81 Name Rhonda Cummings

82 Street Address (P.O. Box Number is Not Acceptable)  
28600 SW 132nd Ave. Lot 109

84 City Homestead

FL

85 Zip Code 33033

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE *Rhonda Cummings* Treasurer

9-15-98

(NOTE: Registered Agent signature required when relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME JANISZEWSKI, RALPH L  
STREET ADDRESS 10920 S.W. 150 ST.  
CITY-ST-ZIP MIAMI FL

1.1 TITLE President ☒ Change ☐ Addition  
1.2 NAME Willard Rhodes  
1.3 STREET ADDRESS 399 S. Krome Ave  
1.4 CITY-ST-ZIP Homestead, FL. 33030

TITLE ATD ☒ DELETE  
NAME MILLS, DAVID B  
STREET ADDRESS 522 N.W. 8TH AVE.  
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE Treasurer ☒ Change ☐ Addition  
2.2 NAME Rhonda Cummings  
2.3 STREET ADDRESS 28600 SW 132 Ave. Lot 109  
2.4 CITY-ST-ZIP Homestead, FL. 33033

TITLE SD ☒ DELETE  
NAME GARDNER, HAROLD J  
STREET ADDRESS 399 S KROME AVE.  
CITY-ST-ZIP HOMESTEAD FL

3.1 TITLE Secretary ☒ Change ☐ Addition  
3.2 NAME Hugh J. Friar  
3.3 STREET ADDRESS 1614 NW 8th Ter.  
3.4 CITY-ST-ZIP Homestead, FL. 33030

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE Director ☒ Change ☐ Addition  
4.2 NAME Gary Campbell  
4.3 STREET ADDRESS 20210 SW 117th Ave.  
4.4 CITY-ST-ZIP Miami, FL. 33177

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE Director ☒ Change ☐ Addition  
5.2 NAME Harold J. Gardener  
5.3 STREET ADDRESS 34524 SW 188th Pl. Lot 126  
5.4 CITY-ST-ZIP Florida City, FL. 33034

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE Director ☒ Change ☐ Addition  
6.2 NAME Bernard McGorty  
6.3 STREET ADDRESS 34653 SW 187th Place  
6.4 CITY-ST-ZIP Homestead, FL. 33034

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Hugh Friar* Sect. 8/21/98 305-247-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)