

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 707642

1. Corporation Name

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

Principal Place of Business

**399 S KROME AVE
HOMESTEAD FL 33030
US**

Mailing Address

**399 S KROME AVE
HOMESTEAD FL 33030
US**

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90013 045 ****61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

07/27/1964

4. FEI Number
59-6153531

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**CUMMINGS, RHONDA
28600 SW 132ND AVE
LOT 109
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

81 Name **DAN KAPUT**
82 Street Address (P.O. Box Number is Not Acceptable)
399 SO. KROME AVE
83
84 City **HOMESTEAD** FL 85 Zip Code **33030**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P RHODES, WILLARD**
STREET ADDRESS **399 S KROME AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☒ DELETE
NAME **T CUMMINGS, RHONDA**
STREET ADDRESS **28600 SW 132 AVE LOT 109**
CITY-ST-ZIP **HOMESTEAD FL 33033**

TITLE ☐ DELETE
NAME **S FRIAR, HUGH J**
STREET ADDRESS **1614 NW 8TH TERR**
CITY-ST-ZIP **HOMESTEAD FL 33030**

TITLE ☐ DELETE
NAME **D CAMPBELL, GARY**
STREET ADDRESS **20210 SW 117TH AVE**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE ☐ DELETE
NAME **D GARDENER, HAROLD J**
STREET ADDRESS **34524 SW 188TH PL LOT 126**
CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE ☐ DELETE
NAME **D MCGORTY, BERNARD**
STREET ADDRESS **34653 SW 187TH PLACE**
CITY-ST-ZIP **HOMESTEAD FL 33034**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **FINANCE OFFICER** ☒ Change ☐ Addition
2.2 NAME **399 SO. KROME AVE**
2.3 STREET ADDRESS **HOMESTEAD, FL**
2.4 CITY-ST-ZIP **DAN KAPUT. 33030**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Dan Kaput
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

305-247-8233
Daytime Phone #

CR2E037 (11/98)