

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$365)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JUN 13 11 01 21

**DOCUMENT # 707925 (4)**  
 1. Corporation Name  
**WM. C. MORRIS POST NUMBER 36, AMERICAN LEGION, I NC.**

Principal Place of Business Mailing Address  
**36 S FEDERAL HIGHWAY FORT LAUDERDALE FL 33301**      **36 S FEDERAL HIGHWAY FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/05/1964**      3a. Date of Last Report **03/08/1994**  
 4. FEI Number **59-0563907**      Applied For   
 Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21      26  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 22      27  
 City & State      City & State  
 23      28  
 Zip      Country      Zip      Country  
 24      25      29      30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
 8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**WILSON, DEL**  
**36 S. FED HWY**  
**FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent  
 81 Name **WILLIAM F. BUSCH**  
 82 Street Address (B.O. Box Number is Not Acceptable) **4641 SW 43 TER**  
 83 **APT A**  
 84 City **FT LAUDERDALE** FL 85 Zip Code **33314**

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 *William F. Busch* **WILLIAM F. BUSCH, SECRETARY** **6-6-95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>WILSON, DEL</b>
STREET ADDRESS	<b>36 S FED HWY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>P</b>
NAME	<b>LUECK, DALE</b>
STREET ADDRESS	<b>36 S FED HWY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>BONI, JOHATHAN</b>
STREET ADDRESS	<b>38 S. FED HIGHWAY</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>ALUMS, CAROLE A</b>
STREET ADDRESS	<b>605 SE 1 ST</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>MILLER, WILLIAM G, JR</b>
STREET ADDRESS	<b>605 SE 1 ST</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>T</b>
NAME	<b>WILSON, DEL</b>
STREET ADDRESS	<b>36 S. FEDERAL HWY</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>SEC</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>BUSCH, WILLIAM F.</b>
13 STREET ADDRESS	<b>4641 SW 43 TER APT A</b>
14 CITY - ST - ZIP	<b>FT LAUDERDALE FL 33314</b>
21 TITLE	<b>PRES</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>INSALACO ANGELO</b>
23 STREET ADDRESS	<b>1401 SE 7 AVE</b>
24 CITY - ST - ZIP	<b>COMPAUD BEACH FL 33060</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<b>TRUSTEE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>BURNS, HOWARD</b>
43 STREET ADDRESS	<b>1704 SE 11 ST</b>
44 CITY - ST - ZIP	<b>FT LAUDERDALE FL 33316</b>
51 TITLE	<b>TRUSTEE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>CRAWFORD, RALPH W.</b>
53 STREET ADDRESS	<b>2700 NW 56 AVE APT 511</b>
54 CITY - ST - ZIP	<b>LAUDERHILL FL 33313</b>
61 TITLE	<b>TRUSTEE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>SMITH, RICH L</b>
63 STREET ADDRESS	<b>4525 NE 21 AVE APT 5</b>
64 CITY - ST - ZIP	<b>FT LAUDERDALE FL 33308</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *William F. Busch* **6-6-95** (305) 463-0196  
Signature and typed or printed name of signing officer or director Date (Minimum 11 characters)

CR2E037 (3/95)