

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90168 010 ****61.25

DOCUMENT # 707925
1. Entity Name
WM. C. MORRIS POST NUMBER 36, AMERICAN LEGION, I NC.



Principal Place of Business Mailing Address
**1620 W. STATE RD 84
FORT LAUDERDALE FL 33315-2219** **1620 W. STATE RD 84
FORT LAUDERDALE FL 33315-2219**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0563907** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
**ERNEST, DAVID E
3151 SW 18TH STREET
FORT LAUDERDALE FL 33312**
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE *DAVID E ERNEST* *David E Ernest* **4/11/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAPP, LARRY	NAME	
STREET ADDRESS	3000 HOLIDAY DR	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONI, JOHATHAN	NAME	
STREET ADDRESS	1220 SW 29TH ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33315	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGGIORE, RICHARD	NAME	
STREET ADDRESS	1057 HILLSBORO MILE #524	STREET ADDRESS	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNEST, DAVID E	NAME	
STREET ADDRESS	3151 SW 18TH STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID E ERNEST* *DAVID E ERNEST* **4/11/03 (954) #63-0146**

CR2E037 (10/02)