

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732889 (1)**

1. Corporation Name  
**AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,  
 DEPARTMENT OF FLORIDA**



Principal Place of Business P.O. BOX #53 SANFORD FL 32772	Mailing Address P.O. BOX #53 SANFORD FL 32772
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/30/1975</b>	3a. Date of Last Report <b>06/09/1995</b>
21	26	4. FEI Number <b>59-6200272</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

JONES, JOHN 615 BETH DRIVE SANFORD FL 32771	81 Name	10. Name and Address of New Registered Agent	
	82 Street Address (P.O. Box Number is Not Acceptable)	GIL BRUETTE T 957 MONROE HARBOR PLACE SANFORD FL. 32773	
	83	SANFORD FL. 32773	
	84 City	85 Zip Code	SANFORD FL. FL

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 *Gil Bruette* *Comandante* *JAN-18-1996*

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JOHN	1.2 NAME	GIL BRUETTE T
STREET ADDRESS	615 BETH DRIVE	1.3 STREET ADDRESS	957 MONROE HARBOR PL. SANFORD FL. 32773
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	2.1 TITLE	V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUNO, TONY	2.2 NAME	TOMMY BOSSERT
STREET ADDRESS	1961 VIENNA DR	2.3 STREET ADDRESS	212 MEADOW BLVD.
CITY-ST-ZIP	CASSELBERRY FL 32707-3719	2.4 CITY-ST-ZIP	SANFORD FL. 32771
TITLE	AD <input type="checkbox"/> DELETE	3.1 TITLE	V/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, CHARLES T	3.2 NAME	RAYMOND C. BLOWER
STREET ADDRESS	855 SILVERADO CT T	3.3 STREET ADDRESS	2839 CENTRAL DRIVE.
CITY-ST-ZIP	LAKE MARY FL 32746	3.4 CITY-ST-ZIP	SANFORD FL. 32771
TITLE	FOD <input type="checkbox"/> DELETE	4.1 TITLE	ROBERT L. BROHAN T
NAME	SMITH, JIM	4.2 NAME	215 VINEWOOD DR. T
STREET ADDRESS	114 E JINKINS CT	4.3 STREET ADDRESS	SANFORD FL. 32773
CITY-ST-ZIP	SANFORD FL 32771	4.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	5.1 TITLE	100001731681 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, FRANK	5.2 NAME	-03/04/96--01131--013
STREET ADDRESS	116 LAKE DOT DRIVE	5.3 STREET ADDRESS	***\$1.25
CITY-ST-ZIP	SANFORD FL 32773	5.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUETTE, GIL	6.2 NAME	
STREET ADDRESS	957 MONROE HARBOR PL	6.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	6.4 CITY-ST-ZIP	

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 119.07(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: *Gil Bruette* *Gil Bruette* *JAN-18-1996* *407.322.1652*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/TIME PHONE #

CR2E037 (12/95)