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Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 732889 (1)

1. Corporation Name

AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,
DEPARTMENT OF FLORIDA



Principal Place of Business

Mailing Address

P.O. BOX #53
SANFORD FL 32772

P.O. BOX #53
SANFORD FL 32772-0053

3. Date Incorporated or Qualified
05/30/1975

3a. Date of Last Report
03/04/1996

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

4. FEI Number
59-6200272

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRUETTE, GIL
957 MONROE HARBOR PL
SANFORD FL 32773

81 Name

JIM SMITH

82 Street Address (P.O. Box Number is Not Acceptable)

114 E. JINKINS CIR.

84 City

SANFORD

FL

85 Zip Code

32771

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

Jim Smith

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

(NOTE: Registered Agent signature required when reinstating)

JAN 21 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CTD	BRUETTE, GIL	957 MONROE HARBOR PL	SANFORD FL 32773	<input type="checkbox"/>
VC	BOSSERT, TOMMY	212 MEADOW BLVD	SANFORD FL 32771	<input type="checkbox"/>
VC	BLOWER, RAYMOND C	2839 CENTRAL DR	SANFORD FL 32771	<input type="checkbox"/>
T	BROHAN, ROBERT L	215 VINEWOOD DR	SANFORD FL 32773	<input type="checkbox"/>
VC	HARRINGTON, FRANK	116 LAKE DOT DRIVE	SANFORD FL 32773	<input type="checkbox"/>
VC	BRUETTE, GIL	957 MONROE HARBOR PL	SANFORD FL 32773	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
JIM SMITH	CD	114 E. JINKINS CIR.	SANFORD FL. 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RICHARD SCOTT	VC	2686 W. LAKE MARY BLVD.	LAKE MARY FL. 32746	<input checked="" type="checkbox"/>	<input type="checkbox"/>
RUSTY LEWIS	VC	920 PENFIELD COVE	SANFORD FL. 32771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
WILLIAM HILL	F	1236 MULLET LAKE PARK ROAD	GRNRBVA FL. 32732	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I do 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

Jim Smith

Jan 21 1997

CR2E037 (9/96)