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02-26-1999 90044 048 ****61.25

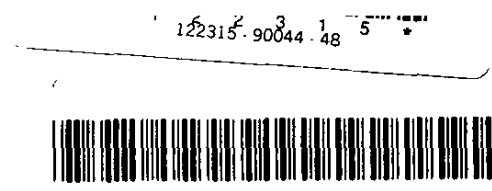
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 732889

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 21 Suite, Apt. #, etc. 22 City & State 23 SANFORD FLORIDA 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 SANFORD FLORIDA 29 Zip 30 Country	3. Date Incorporated or Qualified 05/30/1975	4. FEI Number 59-6200272 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

**SMITH, JIM
114 E JINKINS CIR
SANFORD FL 32771**

10. Name and Address of New Registered Agent

81 Name
MICHAEL K. PROKOSCH

82 Street Address (P.O. Box Number is Not Acceptable)
128 W. COLEMAN CIR.

83 City
SANFORD FL. 32773

84 City
SANFORD FL. 85 Zip Code
FL 32773

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 **MICHAEL K. PROKOSCH (COMMANDER)** *Michael K. Prokosch* **JANUARY 28, 1999**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, CD	
STREET ADDRESS	114 E JINKINS CIR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BISHOP, DOUG	
STREET ADDRESS	P.O. BOX 2464	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	GRAHAM, CHARLES B	
STREET ADDRESS	855 SILVERADO COURT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HILL, WILLIAM	
STREET ADDRESS	1236 MULLET LAKE PARK ROAD	
CITY-ST-ZIP	GENEVA FL 32732	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HARRINGTON, FRANK	
STREET ADDRESS	116 LAKE DOT DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	COURTNEY, TERRY	
STREET ADDRESS	1571 DOYLE ROAD, BOX 91	
CITY-ST-ZIP	DELTONA FL 32725	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL K. PROKOSCH	
1.3 STREET ADDRESS	128 W. COLEMAN CIR.	
1.4 CITY-ST-ZIP	SANFORD FL. 32773	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **MICHAEL K. PROKOSCH (COMMANDER)** *Michael K. Prokosch* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)