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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767615** (8)

1. Corporation Name

AMERICAN LEGION BOYS STATE & YOUTH FOUNDATION, I NC.

Principal Place of Business

Mailing Address

ION, INC.
300 AVE M N.W.
WINTER HAVEN FL 33881-2406

ION, INC.
300 AVE M N.W.
WINTER HAVEN FL 33881-2406

3. Date Incorporated or Qualified **03/23/1983** 3a. Date of Last Report **02/27/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2569078

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

MATTOX, RAY
170 E CENTRAL AVE.
WINTER HAVEN FL 33880

81 Name

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

83

84 City

FL

85 Zip Code

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

Billy Ross Reichen (Trusts)

APRIL 18/97

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 ☐ DELETE
NAME **D**
STREET ADDRESS **BELL, WALTER**
CITY-ST-ZIP **98 FIRST STREET**
WINTER HAVEN FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **CLARKE, J. W.**
1.3 STREET ADDRESS **724 28th ST. N.W.**
1.4 CITY-ST-ZIP **WINTER HAVEN FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MAROTTI, JOHN**
CITY-ST-ZIP **1250 HOWARD TERRACE**
WINTER HAVEN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MATTOX, RAY**
CITY-ST-ZIP **151 AVE. B S.E.**
WINTER HAVEN FL 33885

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **RAIDEN, BILLY ROSS**
CITY-ST-ZIP **2620 COUNTRY CLUB RD.N.**
WINTER HAVEN FL 33882

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MITCHELL, JOHN K.**
CITY-ST-ZIP **232 6TH ST. N.W.**
WINTER HAVEN FL 33881

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **ANDERSON-TIDWELL, MARY ELLEN**
CITY-ST-ZIP **2484 HARTRIDGE PT. DR. W.**
WINTER HAVEN FL 33881-1289

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Billy Ross Reichen

MAY 9/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054659

CR2E037 (9/96)