

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90009 038 ****61.25

DOCUMENT # 767615

1. Corporation Name

AMERICAN LEGION BOYS STATE & YOUTH FOUNDATION, I
NC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/23/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2569078	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, WALTER	1.2 NAME	
STREET ADDRESS	98 FIRST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROTTI, JOHN	2.2 NAME	
STREET ADDRESS	1250 HOWARD TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTOX, RAY	3.2 NAME	
STREET ADDRESS	151 AVE. B S.E.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33885	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIDEN, BILLY ROSS	4.2 NAME	
STREET ADDRESS	2620 COUNTRY CLUB RD.N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33882	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, JOHN K.	5.2 NAME	
STREET ADDRESS	232 6TH ST. N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON-TIDWELL, MARY ELLEN	6.2 NAME	
STREET ADDRESS	2484 HARTRIDGE PT. DR. W.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881-1289	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:

SIGNATURE REQUIRED

Billy Ross Raiden (True)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)