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Feb 03 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 # N18841 (9)

1. Corporation Name
SKELLY-MCLEOD POST NO. 257 THE AMERICAN LEGION, INCORPORATED



Principal Place of Business Mailing Address
POST OFFICE BOX 600513 N. MIAMI BEACH FL 33160-0513 US

3. Date Incorporated or Qualified 02/01/1987 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-0860851 Applied For Not Applicable

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc.

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

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

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAHONEY, ROY R
15193 E TRANQUILITY LAKE DR
DELRAY BEACH FL 33446

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 STD [] DELETE
NAME MAHONEY, ROY R.
STREET ADDRESS 15193 E TRANQUILITY LAKE DR
CITY-ST-ZIP DELRAY BEACH FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD [] DELETE
NAME SPAZIANO, MARIA R.
STREET ADDRESS ~~1285 N.W. 130 STREET~~
CITY-ST-ZIP ~~MIAMI FL~~

2.1 TITLE [X] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS 334 FLAMINGO LANE
2.4 CITY-ST-ZIP DELRAY BEACH FL

TITLE VD [] DELETE
NAME SCHAEFER, EUGENE J
STREET ADDRESS ~~1540 NW 98TH WAY~~
CITY-ST-ZIP ~~PEMBROKE PINES FL~~

3.1 TITLE [X] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS 2901 DORCHESTER LANE
3.4 CITY-ST-ZIP COOPER CITY FL

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, on an attachment with an address.

SIGNATURE: ROY MAHONEY 01-23-97 (561) 496-5663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031434

CR2E037 (9/96)