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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000001210

1. Corporation Name KEY BISCAYNE AMERICAN LEGION POST NO. 374, INC.

Principal Place of Business: 155 OCEAN LANE DRIVE, APT. 509, KEY BISCAYNE FL 33149. Mailing Address: AMERICAN LEGION POST 374, P.O. BOX 374, KEY BISCAYNE FL 33149, US.



2. Principal Place of Business (21-24), 2a. Mailing Address (26-29), 3. Date Incorporated or Qualified (03/04/1997), 4. FEI Number (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).

9. Name and Address of Current Registered Agent (FRIED, MORTIMER ESQ., 291 HARBOR COURT, KEY BISCAYNE FL) and 10. Name and Address of New Registered Agent (81-85).

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

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names and addresses for Cromartie, Keel, King, and Schmachtenberg.

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] 3/1/99 305 666 4676. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #

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