2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90018 041 ****61.25

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1. Entity Name
AMERICAN LEGION OF SOUTHWEST FLORIDA POST 90, INC.

44048058

Principal Place of Business	Mailing Address
4720 SE 15TH AVE 120 CAPE CORAL, FL 33904	P.O. BOX 100395 CAPE CORAL, FL 33904

07022004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1083313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AGOSTINO, AUGIS
1649-B EDITH ESPLANDE
CAPE CORAL, FL 33904

7. Name and Address of New Registered Agent

Name: John D. Burns
Street Address (P.O. Box Number is Not Acceptable): 1746 Beach Pkwy
City: Cape Coral FL Zip Code: 33904

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: JOHN D. BURNS. 7-6-04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BURNS, JOHN D 1746 BEACH PKWY CAPE CORAL, FL 33904	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD AGOSTINO, AUGIS 1649-B EDITH ESPLANDE CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD PETER KOHLMEYER 4220 SW 8TH PLACE CAPE CORAL, FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VCD ROSS, BENJAMIN H 1122 S.E. 23RD AVE CAPE CORAL, FL 33990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VCD RON RUTKOWSKI 2028 SW 31ST TERRACE CAPE CORAL, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOD FLANAGAN, JOHN J 715 S.E. 46TH TERR CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FOD ARTHUR F. BYRNE 236 SW 47TH ST. CAPE CORAL, FL 33914 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D Burns 7-6-04 (239) 540-8128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #