

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90036 018 ****61.25

DOCUMENT # N99000000095	
1. Entity Name AMERICAN LEGION OF SOUTHWEST FLORIDA POST 90, INC.	
Principal Place of Business 4720 SE 15TH AVE 120 CAPE CORAL, FL 33904	Mailing Address P.O. BOX 100395 CAPE CORAL, FL 33904



60009583



2. Principal Place of Business ABOVE		3. Mailing Address Suite, Apt. #, etc. ABOVE		01312005	Chg-NP	CR2E037 (10/03)
City & State CAPE CORAL, FL.		City & State		4. FEI Number 65-1083313	Applied For Not Applicable	
Zip 33904	Country USA	Zip	Country	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BURNS, JOHN D 1746 BEACH PKWY CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Arthur F. Byrne (NOTE: Registered Agent signature required when reinstating) DATE 2/3/05

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 KOHLMAYER, PETER 4220 SE 8TH PLACE CAPE CORAL, FL 33904 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	NO 1ST VICE AT PRESENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VCD RUTKOWSKI, RON 2028 SW 31ST TERRACE CAPE CORAL, FL 33914 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MICHAEL FARMER 3712 SE 15TH FL. CAPE CORAL FL, 33904 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FOD BYRNE, ARTHUR F 236 SW 47TH ST CAPE CORAL, FL 33914 ☐ 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
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: Arthur F. Byrne FOD DATE 2/3/05 DAYTIME PHONE # 945-2863