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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N44075 (2)

1. Corporation Name
**ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION,
INCORPORATED**

Principal Place of Business Mailing Address
**5610 W. JUNIOR COLLEGE RD.
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/27/1991	3a. Date of Last Report 01/25/1994
4. FBI Number 59-6200885	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent

**GRIFFIN, JAMES E.
5610 COLLEGE ROAD
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/O	1.1 TITLE	
NAME	SMALLENBURG, KATHRYN	1.2 NAME	600001408206
STREET ADDRESS	H16 MIRIAM ST.	1.3 STREET ADDRESS	-02/16/95--01092--014
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	***130.00 ***130.00
TITLE	D	2.1 TITLE	Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HAROLD	2.2 NAME	Gerald V. Enos
STREET ADDRESS	18 BEACH DR BAY POINT	2.3 STREET ADDRESS	8 Macaw Lane
CITY-ST-ZIP	KEY WEST FL	2.4 CITY-ST-ZIP	Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VC	3.1 TITLE	Finance Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEAVEST, HARVEY	3.2 NAME	Manuel A. Jimenez
STREET ADDRESS	732 POORHOUSE LANE	3.3 STREET ADDRESS	905 17th Street
CITY-ST-ZIP	KEY WEST FL	3.4 CITY-ST-ZIP	Key West, FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	A	4.1 TITLE	
NAME	GRIFFIN, JAMES E.	4.2 NAME	
STREET ADDRESS	823 WHITE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Chaplain/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, BILLY	5.2 NAME	Don Peters
STREET ADDRESS	1509 17TH ST	5.3 STREET ADDRESS	PO Box 430482
CITY-ST-ZIP	KEY WEST FL	5.4 CITY-ST-ZIP	Big Pine Key, FL 33043-0482 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	6.1 TITLE	
NAME	KELLY, HELLEN	6.2 NAME	
STREET ADDRESS	RR 1, BOX 720A, N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	BIG PINE KEY FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 an attachment with an address.

SIGNATURE James E. Griffin, Adjutant DATE 1/20/95 TELEPHONE (305) 294-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

