

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 27 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 # N44075 (2)

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

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



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|----|--------------------------------|----|---|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/27/1991 | 3a. Date of Last Report 04/22/1996 |
| 21 | 22 | 23 | 24 | 4. FEI Number 59-6200885 | Applied For 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 | | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

| | | | | | | |
|--|--|--|--|---|-------------------------|--|
| 9. Name and Address of Current Registered Agent JIMENEZ, MANUEL 905 17TH STREET KEY WEST FL 33040 | | | | 10. Name and Address of New Registered Agent | | |
| | | | | 81 Name Melvin FRUTH | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 415 Cactus Drive | | |
| | | | | 83 | | |
| | | | | 84 City Key West | 85 Zip Code FL 33040 | |

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 Melvin Fruth, Commander DATE 8-22-97

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|-----------------------------------|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILLIAMS, JERRY | | 1.2 NAME Larry Francisco | |
| STREET ADDRESS 31 CACTUS DR. | | 1.3 STREET ADDRESS 1042 Mitscher Dr. | |
| CITY-ST-ZIP KEY WEST FL 33040 | | 1.4 CITY-ST-ZIP Key West, FL 33040 | |
| TITLE VCD | <input type="checkbox"/> DELETE | 2.1 TITLE VCD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ENOS, GERALD V. | | 2.2 NAME Jose Fernandez | |
| STREET ADDRESS 8 MACAW LANE | | 2.3 STREET ADDRESS 1624 Josephine St. | |
| CITY-ST-ZIP KEY WEST FL 33040 | | 2.4 CITY-ST-ZIP Key West, FL 33040 | |
| TITLE CD | <input type="checkbox"/> DELETE | 3.1 TITLE CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME JIMENEZ, MANUEL A | | 3.2 NAME Scott Soroco | |
| STREET ADDRESS 905 17TH STREET | | 3.3 STREET ADDRESS 1901 S Roosevelt Blvd, 209W | |
| CITY-ST-ZIP KEY WEST FL 33040 | | 3.4 CITY-ST-ZIP Key West, FL 33040 | |
| TITLE CP | <input type="checkbox"/> DELETE | 4.1 TITLE CP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DEMBLOWSKI, DOLORES | | 4.2 NAME Manuel Jimenez | |
| STREET ADDRESS 1000 17TH ST. | | 4.3 STREET ADDRESS 905 17th Street | |
| CITY-ST-ZIP KEY WEST FL 33040 | | 4.4 CITY-ST-ZIP Key West, FL 33040 | |
| TITLE CP | <input type="checkbox"/> DELETE | 5.1 TITLE CP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME FABAL, HELEN | | 5.2 NAME James Griffin | |
| STREET ADDRESS 1000 17TH ST. | | 5.3 STREET ADDRESS 823 White Street | |
| CITY-ST-ZIP KEY WEST FL 33040 | | 5.4 CITY-ST-ZIP Key West, FL 33040 | |
| TITLE JA | <input type="checkbox"/> DELETE | 6.1 TITLE CP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME TRIBBLE, RICK | | 6.2 NAME Kathryn Smallenburg | |
| STREET ADDRESS 1517 DENNIS ST. | | 6.3 STREET ADDRESS 823 White Street | |
| CITY-ST-ZIP KEY WEST FL 33040 | | 6.4 CITY-ST-ZIP Key West, FL 33040 | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE [Signature] DATE 8/22/97 FILE NO. 785-1911-2117

CR2E037 (4/97)