

FILE NOW: FILING FEE IS \$61.25

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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44075

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

Principal Place of Business 5610 W. JUNIOR COLLEGE RD. KEY WEST FL 33040	Mailing Address 5610 W. JUNIOR COLLEGE RD. KEY WEST FL 33040
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/27/1991	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
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9. Name and Address of Current Registered Agent

FRUTH, MELVIN
415 CACTUS DR
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
 FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D FRANCISCO, LARRY	1.1 TITLE	
NAME	1042 MITSCHER DR	1.2 NAME	
STREET ADDRESS	KEY WEST FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VCD FERNANDEZ, JOSE	2.1 TITLE	
NAME	1624 JOSEPHINE ST	2.2 NAME	
STREET ADDRESS	KEY WEST FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD SORACCO, SCOTT	3.1 TITLE	
NAME	2901 S ROOSEVELT BLVD SUITE 209 W	3.2 NAME	
STREET ADDRESS	KEY WEST FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CP JIMENEZ, MANUEL	4.1 TITLE	
NAME	905 17TH ST	4.2 NAME	
STREET ADDRESS	KEY WEST FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CP GRIFFIN, JAMES	5.1 TITLE	CP Phil Rushing
NAME	823 WHITE ST	5.2 NAME	3700 N Roosevelt Blvd
STREET ADDRESS	KEY WEST FL	5.3 STREET ADDRESS	Key West Fla 33040
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	CP SMALLENBURG, KATHRYN	6.1 TITLE	CP Douglas Smith
NAME	823 WHITE ST	6.2 NAME	5 Ed Swift Road
STREET ADDRESS	KEY WEST FL	6.3 STREET ADDRESS	Key West Fla 33040
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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: Melvin Fruth DATE: 5-1-99 DAYTIME PHONE #: 305-2947117

CR2E037 (1/96)