

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707925

**Entity Name:** WM. C. MORRIS POST NUMBER 36, AMERICAN LEGION, INC.

**Current Principal Place of Business:**

1620 W. STATE RD 84  
FORT LAUDERDALE, FL 33315-2219

**Current Mailing Address:**

1620 W. STATE RD 84  
FORT LAUDERDALE, FL 33315-2219 US

**FEI Number: 59-0563907**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SAPP, LARRY F  
3000 HOLIDAY DR.  
1801  
FORT LAUDERDALE, FL 33316 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name SAPP, LARRY F  
Address 3000 HOLIDAY DR #1801  
City-State-Zip: FT LAUDERDALE FL 33316

Title D  
Name MAGGIORE, RICHARD  
Address 1057 HILLSBORO MILE #524  
City-State-Zip: HILLSBORO BEACH FL 33062

Title D  
Name BUGNACKI, PETER J  
Address 836 SW 30TH STREET APT #3  
City-State-Zip: FORT LAUDERDALE FL 33315

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LARRY F. SAPP**

**COMMANDER**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date