

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700215 (7)

1. Corporation Name

DAVIS-SIKES POST NO. 296, AMERICAN LEGION DEPART
MENT OF FLORIDA, INC.



Principal Place of Business

Mailing Address

311 MAIN STREET
P.O. BOX 218
DESTIN FL 32540

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P.O. BOX 218
DESTIN FL 32540

3. Date Incorporated or Qualified
12/04/1959

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Davis-Sikes Post 296

26 POB 218

4. FEI Number
59-6200345

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 311 Main Street

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

23 Destin, FL

28 Destin, FL

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24 32541

Country

29 32540

Country

25

30 Okaloosa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, GEORGE T.
143 INDIAN BAYOU DR.
DESTIN FL 32541

81 Name

WALLACE G SCHMITZ

82 Street Address (P.O. Box Number is Not Acceptable)

366 Evergreen Circle

83

84 City

DESTIN

FL

85 Zip Code

32541

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

Signature, typed or printed name of registered agent and title if applicable

WALLACE G SCHMITZ, POST FINANCE OFFICER

26-96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HICKS, CHARLES S.
STREET ADDRESS 207C BEACH DR.
CITY-ST-ZIP DESTIN FL

DELETE

TITLE VD
NAME SHIMKO, GEORGE
STREET ADDRESS 230 SIBERT BOX 6
CITY-ST-ZIP DESTIN FL

DELETE

TITLE TD
NAME ROGERS, G. T.
STREET ADDRESS 143 INDIAN BAYOU DR.
CITY-ST-ZIP DESTIN FL

DELETE

TITLE D
NAME STOJAN, WALTER
STREET ADDRESS 711 BEACH DR.
CITY-ST-ZIP DESTIN FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD DOUGLAS G FRIER
1.2 NAME
1.3 STREET ADDRESS 1233 Quail Lake Blvd
1.4 CITY-ST-ZIP Destin, FL 32541

Change Addition

2.1 TITLE VD WILLIAM E WELLS
2.2 NAME
2.3 STREET ADDRESS 109 Sibert Avenue
2.4 CITY-ST-ZIP Destin, FL 32541

Change Addition

3.1 TITLE TD WALLACE G SCHMITZ
3.2 NAME
3.3 STREET ADDRESS 366 Evergreen Circle
3.4 CITY-ST-ZIP Destin, FL 32541

Change Addition

4.1 TITLE D SAMUEL H COMBS
4.2 NAME
4.3 STREET ADDRESS 334 Shore Dr SE
4.4 CITY-ST-ZIP Fort Walton Beach, FL 32548

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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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 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-96 904-654-5821

Date Daytime Phone #

CR2E037 (12/95)