SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sendra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700215

(7)

DAVIS-SIKES POST NO. 296, AMERICAN LEGION DEPART MENT OF FLORIDA, INC.						
Principal Place of Business Mailing Address		· 	{	i didir didir didir 1866		
DAVIS-SIKES POST 296 311 MAIN ST DESTIN FL 32541 US		P.O. BOX 218 DESTIN FL 32540 US		3. Date Incorporated or Qualified 12/04/1959 4. FEI Number	Applied For	
Principal Place of Business 2a. Mailing Address 26			1 3. Continuate of Status Desired [_]	Not Applicable 3.75 Additional		
		Sulte, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing \$5	Fee Required 5.00 May Be	
City & State		City & State		7. Is this nonprofit corporation a homeowners asso	onprofit corporation a homeowners association?	
Zip	Country 25	Zip	Country	This corporation owes or has paid the current yes Personal Property Tax due June 30. Yes		
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Registered Agent	(
			81 Name	W. O. FRASER		
WELLS, WILLIAM E 109 SIBERT AVE			82 Street Address (P.O. Box Number is Not Acceptable) 207 ANN CIRCLE #3			
DESTIN F	L 32541		83 DESTI	N/		
			84 City			
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						
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 any accept the obligations of, section 617.0503, Florida Statutes.						
	1.10 ALBAD	1), O, F	RASER	17 X20 S	7 8	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title it applicable. (NOTE	: Registered Agent signature re	quired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	X DELETE	1.1 TITLE P	resident 🔲 a	hange 🔀 Addition	
NAME	SHIMKO, GEORGE	• *	1.2 NAME W	. O. FRASER	· · ·	
\$TREET ADDRESS	230 SIBERT AVE		1.3 STREET ADDRESS 2	07 Ann Circle # 3	1	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP D	estin FL 32541	1	
TITLE	VD	DELETE	2.1 TITLE	TD 🔲 cı	hange X Addition	
NAME	BOURQUE, RAYMOND J		2.2 NAME	Jack VonHolle		
STREET ADDRESS	804 HARBOR LANE		2.3 STREET ADDRESS	Jack VonHolle 400 Gulf Terrace Dr #229	{	
CITY-ST-ZIP	DESTIN FL			Destin FL 32541	İ	
TITLE	TD	DELETE			hange X Addition	
NAME	WELLS, WILLIAM E	/ -	3.2 NAME	Sam Calhoun		
STREET ADDRESS	109 SIBERT AE		3.3 STREET ADDRESS	791 Spring Lake Dr	1	
CITY-ST-ZIP	DESTIN FL		3.4 CITY-ST-ZIP	Destin FL 32541		
TITLE	D	DELETE	4.1 TITLE		nange Addition	
NAME	SNODGRASS, JOSEPH E	·	4.2 NAME	1000026516 0 1	(
STREET ADDRESS	, ,		4.3 STREET ADDRESS	-09/29/9801014 02 5 ***61.25]	
CITY-ST-ZIP	SANTA ROSA BEACH FL		4.4 CITY-ST-ZIP	***51,25		
TITLE		DELETE	5.1 TITLE	Cr	nange 🔲 Addition	
NAME			. 5.2 NAME	A A		
STREET ADDRESS			5.3 STREET ADDRESS	40	7/23	
CITY-ST-ZIP			5.4 CITY-ST-ZIP		/ / /	
TITLE		DELETE	6.1 TITLE	CH CH	nange Addition	
NAME			6.2 NAME		ļ	
STREET ADDRESS			6.3 STREET ADDRESS	y.	•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ł	

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 eccurate and that my signature shall have the same legal effect as if made under ceth; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

RAYMOND BOURQUE

SIGNATURE

PED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

25 aug 98

850-837-3818

Daytime Phone #

FILED

Sep 29 1998 8:00am g

Secretary of State