2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700215



FILED Jan 08, 2003 8:00 am Secretary of State

	; ies post no. 296, ameri(florida , inc.	CAN LEGION DEPART		01-08-2003 90002 021 ****61.25			
Principal Place of Business DAVIS-SIKES POST 296 311 MAIN ST DESTIN FL 32541 US		Mailing Address P.O. BOX 218 DESTIN FL 32540 US		1 (186) H 186) 186)	16 A 1864 A 1864 A 1864 A 1864	. 4144 1627	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-6200345		lied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Addit		
·	6. Name and Address of Curren	t Registered Agent		7Name and Address of New Reg	istered Agent		
STRANDE, JAMES A 303 JUNIPER ST				Name WENDEL 5 JONES Street Address (P.O. Box Number is Not Acceptable) STORY A CCOUNTING SERVICE			
DESTIN FL 32541			City 1	322 23 Td 5T City Nice ville FL Zip Code 32578			
the obligati	named entity submits this statement to ons of registered agent. Signature, typed or printed name of registered ager	fins	Wande 5 Graphstered Agent signature requirements	\$5.00 May Be Make	DATE Check Payable to Department of Si	0	
	OFFICEDO AND O			ADDITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SANDERS, FRED P O BOX 344 DESTIN FL 32541	MECTORS ✓ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	rames Shafer 120 Boushore Or	Change	Addition 6001	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOURQUE, RAYMOND J 804 HARBOR LANE DESTIN FL	Ø Delete	TITLE DAME STREET ADDRESS CITY- ST- ZIP	Twendel Jones	☐ Change	Addition 8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANHOTTER, JACK 4000 GULTER DR UNIT 229 DESTIN FL 32541	∠ Delete	TITLE D D D D D D D D D D D D D D D D D D D	Wice Ville 16 Wight Ellis 272 Winston Man 542 to Rosa Beau	Change	□ Addition 2454	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Section 110 07(2\f) Florida Statutos fi	☐ Change	Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like impowered.

SIGNATURE:

| Signature | S