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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703705 (4)
1. Corporation Name
WEST PALM BEACH POST NO 199 INC THE AMERICAN LEGION DEPARTMENT OF FLORIDA

Principal Place of Business AMERICAN LEGION DEPARTMENT OF FLORIDA 1020 11TH STREET WEST PALM BEACH FL 33401	Mailing Address AMERICAN LEGION DEPARTMENT OF FLORIDA P.O. BOX 8278 WEST PALM BEACH FL 33407-0278 US
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/13/1962	3a. Date of Last Report 04/15/1996
4. FEI Number 59-6476271	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SIMMONS, ULYSSES
520-47TH ST.
WEST PALM BEACH FL 33407**

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 *Gurnee O. Young* DATE **3/13/97**
(Signature typed or printed name of registered agent and title if applicable) (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, ULYSSES
STREET ADDRESS	520-47TH AVE.
CITY-ST-ZIP	WEST PALM BEACH FL 33407
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	GILBERT, JOHN
STREET ADDRESS	1408 8TH ST.
CITY-ST-ZIP	WPB FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BURROWS, PEMBROOK
STREET ADDRESS	801 W. 2ND STREET
CITY-ST-ZIP	RIVERA BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SIRMON, RICHARD
STREET ADDRESS	1835 W 31ST
CITY-ST-ZIP	RIVERIA BCH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	FOX, DONALD C
STREET ADDRESS	794 RYANWOOD DRIVE
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GURWER, IBIEYOUVY <i>Wrong Spelling</i>
STREET ADDRESS	715 PALM BEACH LAKES
CITY-ST-ZIP	WEST PALM BEACH FL 33407

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Fox, Donald C. President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	794 Ryanwood Drive
1.3 STREET ADDRESS	West Palm Beach Fl.
1.4 CITY-ST-ZIP	West Palm Beach Fl.
2.1 TITLE	Walker, Alphonzo E. Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	640 West 2nd Street
2.3 STREET ADDRESS	Riviera Bch, FL 33404
2.4 CITY-ST-ZIP	Riviera Bch, FL 33404
3.1 TITLE	Burrows, Pembroke <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	801 W 2nd St
3.3 STREET ADDRESS	Riviera Bch, FL 33404
3.4 CITY-ST-ZIP	Riviera Bch, FL 33404
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Young, Gurnee O. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	715 Palm Beach Lakes
6.3 STREET ADDRESS	West Palm Beach FL 33407
6.4 CITY-ST-ZIP	West Palm Beach FL 33407

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 *Gurnee O. Young* DATE **3/12/97**

CR2E037 (9/96)