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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:04

DOCUMENT # **704494** **(4)**

1. Corporation Name

SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC.

Principal Place of Business	Mailing Address
4249 SANIBEL-CAPTIVA RD PO BOX 66 SANIBEL FL 33957	4249 SANIBEL-CAPTIVA RD PO BOX 66 SANIBEL FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/05/1962**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-6153384** ☐ Applied For ☐ Not Applicable
2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SUITE A
SANIBEL FL 33957

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 4-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	DICKERSON, JOHN	12 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	13 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	FRAHER, HOWARD	22 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	23 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VP	☒ Change ☐ Addition
NAME	CARSON, RANDY	32 NAME	Michael Barfield	
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	33 STREET ADDRESS	4249 Sanibel Captiva Rd	
CITY-ST-ZIP	SANIBEL FL	34 CITY-ST-ZIP	Sanibel FL 33957	
TITLE	D	41 TITLE	VD	☒ Change ☐ Addition
NAME	WENDLING, THOM	42 NAME	James Horne	
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	43 STREET ADDRESS	4249 Sanibel Captiva Rd	
CITY-ST-ZIP	SANIBEL FL	44 CITY-ST-ZIP	Sanibel FL 33957	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MANN, MICHAEL	52 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	53 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MINEER, PHILLIP	62 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	63 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL	64 CITY-ST-ZIP		

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] 4-8-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017561