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Jan 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33957-0066

3. Date Incorporated or Qualified: 09/05/1962
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-6153384 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	MINCER, PHILIP		1.2 NAME	DICKERSON, JOHN	
STREET ADDRESS	4249 SANIBEL CAPTIVA RD.		1.3 STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP	SANIBEL FL 33924	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRAHER, HOWARD		2.2 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, JAMES		3.2 NAME		
STREET ADDRESS	4249 SANIBEL CAPTIVA RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HORNE, JAMES		4.2 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JONES, WILLIAM		5.2 NAME		
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	REITER, ROBERT		6.2 NAME	REITER, ROBERT	
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		6.3 STREET ADDRESS	4249 SANIBEL-CAPTIVA RD	
CITY-ST-ZIP	SANIBEL FL		6.4 CITY-ST-ZIP	SANIBEL FL 33924	

CR2E037 (9/96)

14. I do 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 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: JAMES HORNE James Horne REQUIRED 1-18-97 941-472-9979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0057876