## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stage DIVISION OF CORPORATIONS

<u> 1998</u>

DOCUMENT # 7044

(4)

SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC.

## FILED May 20 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address	·		
4249 SANIBEL-CAPTIVA RD PO BOX 66 SANIBEL FL 33957		4249 SANIBEL-CAPTIVA RD PO BOX 66 SANIBEL FL 33957		3. Date Incorporated or Qualified  09/05/1962	
ONHIDEE TE S	<del>, , , , , , , , , , , , , , , , , , , </del>	SHIMBEL FL 33897		4. FEI Number 59-6153384	Applied For Not Applicable
2. Principal F	Place of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, etc. Suite 22 27		Suite, Apt. #, etc.		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State	·	7. Is this nonprofit corporation a homeowners association?  Yes No	
Zip 24	Country 25	Zip <b>29</b>	Country 30	This corporation owes or has paid the corporate Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
MURTY, TIMOTHY J  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)					
1633 PERIWINKLE WAY Suite a			83		
Sanibe	L FL 33957		84 City	FI	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 .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTF	E: Registered Agent signature re	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	VD	DELETE	1,1 TITLE	COMMENDER D 1	Change
NAME	DICKERSON, JOHN		1.2 NAME	JOHN RASNICK	
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		1.3 STREET ADDRESS	TON ACTION ALLEY	
CITY-ST-ZIP	SANIBEL FL		1.4 CITY-ST-ZIP	33957	
TITLE	VD	DELETE	2.1 TITLE	2NULL AND D	☐ Change ☐ Addition
NAME	FRAHER, HOWARD		2.2 NAME	Zar Vice Communer D	M Change
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		2.3 STREET ADDRESS	LAURIE   NIEWMANN CAPTUARS.	<b>[</b>
CITY-ST-ZIP	SANIBEL FL		2.4 CITY-ST-ZIP	SAVIDE PL	_
TITLE	VD	DELETE		EDITION D	Change Addition
NAME	HORNE, JAMES	_	3.2 NAME	Schw Hamm	
STREET ADDRESS	4249 SANIBEL CAPTIVA RD.		3.3 STREET ADDRESS	1962-WID LIME DR.	
CITY-ST-ZIP	SANIBEL FL		3.4. CITY - ST - ZIP	SANIKEL FL.	
TITLE	VD	DELETE	4.1 TITLE	FLANCE OFFICER D	Change
NAME	HORNE, JAMES		4. 2 NAME	William G. Zoves	
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		4.3 STREET ADDRESS	6069 HEUDERSONRD.	
CITY-ST-ZIP	SANIBEL FL		4.4 CITY - ST - ZIP	SANGAL F1 33957	
TITLE	D	DELETE	5.1 TITLE <	St. AT ARMS	Change Addition
NAME	JONES, WILLIAM	<del></del> ···-		Ohn Dickerson	
STREET ADDRESS	4249 SANIBEL-CAPTIVA RD		5.3 STREET ADDRESS	1704 SAND DENGENAV	Í

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119:01, \_(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 algorithm with an address.

5.4 City-ST-ZIP

6.3 STREET ADMITESS

6.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

CICNATURE.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SANIBEL FL** 

1/1

DELETE

210 00