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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704494

1. Corporation Name

SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC.

Principal Place of Business

4249 SANIBEL-CAPTIVA RD
PO BOX 66
SANIBEL FL 33957

Mailing Address

4249 SANIBEL-CAPTIVA RD
PO BOX 66
SANIBEL FL 33957



2. Principal Place of Business

21

2a. Mailing Address

26

3. Date Incorporated or Qualified

09/05/1962

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-6153384

Applied For

Not Applicable

City & State

23

City & State

28

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip Country

24

25

Zip Country

29

30

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 D ☐ DELETE

NAME RASNICK, JOHN
STREET ADDRESS 590 ALECKS ALLEY
CITY-ST-ZIP SANIBEL FL 33957

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☒ DELETE

NAME WIENMAN, LAURIE
STREET ADDRESS 4301 SANIBEL-CAPTIVA RD
CITY-ST-ZIP SANIBEL FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☐ Change ☐ Addition

CORNELIUS H. BECKER
16295 DAVIS ROAD #20
FORT MYERS, FL 33908

TITLE D ☒ DELETE

NAME HAMM, JOHN
STREET ADDRESS 1962 WILD LIME DRIVE
CITY-ST-ZIP SANIBEL FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D ☐ Change ☐ Addition

THOMAS L. MUSGRAVE
1859 FARM TRAIL
SANIBEL, FL 33957

TITLE D ☒ DELETE

NAME JONES, WILLIAM G
STREET ADDRESS 6069 HENDERSON ROAD
CITY-ST-ZIP SANIBEL FL 33957

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D ☐ Change ☐ Addition

BILL KUNTZMAN
1634 BRAMAN
FORT MYERS, FL 33901

TITLE D ☒ DELETE

NAME DICKERSON, JOHN
STREET ADDRESS 17 OIL SAND PEBBLE WAY
CITY-ST-ZIP SANIBEL FL 33957

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D ☐ Change ☐ Addition

JAMES C. MURPHY
663 MERIDIAN DRIVE
SANIBEL, FL 33957

TITLE D ☒ DELETE

NAME HOLZAFFEL, BILL
STREET ADDRESS P.O. BOX 455
CITY-ST-ZIP PINELAND FL 33945

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ☐ Change ☐ Addition

JAMES K. HORNE
11515 GORE LANE SW
CAPTIVA, FL 33924

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0-23-99 483-0840