FILED Jul 02, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State DOCUMENT # 704494** 07-02-2002 90806 042 ****70.00 1. Entity Name SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC. Principal Place of Business Mailing Address 4249 SANIBEL-CAPTIVA RD (24) SANIBEL-CAPTIVA RD PO ROX 66 INTIBEL FL 33957 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-6153384 Not Applicable \$8.75 Additional Country Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) MURTY; TIMOTHY J 1633 PERIWINKLE WAY SUITE A Zip Code FL SANIBEL FL 33957 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. COMM DICKERSEN JOHN 1704 SAND PEBBLE WAY COMM TITLE ☐ Delete TITLE BOYETTE, MORTON NAME NAME 4249 SANIBEL CAPTIVA RD STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 CITY-ST-7IP SANIBEL FL 33957 CITY-ST-ZIP Change TITLE ☐ Defete MOTHY IRVING ROAD TITLE MUSGRAVE, THOMAS L NAME NAME 1859 FARM TRAIL STREET ADDRESS STREET ADDRESS SANTBEL-FL 33957 CHY-ST-ZIP"-CITY-ST-ZIP -SANIBEL FL 33957 Addition TITLE ☐ Delete TITLE WATSON, STEVE NAME NAME 1866 FARM TRAIL STREET ADDRESS STREET ADDRESS FL 33957 CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP _____ Addition ☐ Delete TITLE ROBERT HERMAN RABBIT ROAD TITLE DICKERSON, JOHN NAME STREET ADDRESS STREET ADDRESS 1704 SAND PEBBLE WAY 33957 ANTBEL FL CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

STREET ADDRESS

941-472-9979

12. 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

SIGNATURE: