

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704494

FILED
Apr 13, 2005
Secretary of State

Entity Name: SANIBEL-CAPTIVA AMERICAN LEGION POST #123, INC.

Current Principal Place of Business:

4249 SANIBEL-CAPTIVA RD
PO BOX 66
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

% TIMOTHY MURTY
1633 PERIWINKLE WAY
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 59-6153384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GODFREY, DAVID
Address: 15471 RIVER BY RD
City-St-Zip: FORT MYERS, FL 33908

Title: VPD () Delete
Name: MURPHY, JAMES
Address: 663 MERIDIAN DR
City-St-Zip: SANIBEL, FL 33957

Title: VPD () Delete
Name: KREPEN, ROBERT
Address: 1405 JAMAICA DR
City-St-Zip: SANIBEL, FL 33957

Title: TD () Delete
Name: QUINN, JACK
Address: PO BOX 66
City-St-Zip: SANIBEL, FL 33957

Title: D () Delete
Name: BENNIE, RAY
Address: PO BOX 66
City-St-Zip: SANIBEL, FL 33957

Title: SD () Delete
Name: MURPHY, BUD
Address: PO BOX 66
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID GODFREY

PD

04/13/2005

Electronic Signature of Signing Officer or Director

_____ Date