2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704494

Apr 27, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4249 SANIBEL-CAPTIVA RD SANIBEL, FL 33957

Current Mailing Address: New Mailing Address:

% TIMOTHY MURTY 1633 PERIWINKLE WAY SANIBEL, FL 33957

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete GODFREY, DAVID FRANK, DAVID Name: Name: 15471 RIVER BY RD Address: 16560 OLEANDER DRIVE Address: City-St-Zip: FORT MYERS, FL 33908 City-St-Zip:

FORT MYERS, FL 33908 Title: VPD () Delete Title: (X) Change () Addition

MURPHY, JAMES Name: JOHNS, MELISSA Name: Address: 663 MERIDIAN DR Address: 4599 BRAINARD BAYOU RD

City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

Title: VPD () Delete Title: (X) Change () Addition KREPEN, ROBERT FITZGERALD, CLIFFORD Name: Name: Address: 1405 JAMAICA DR Address: 1214 BUTTONWOOD LN City-St-Zip: SANIBEL, FL 33957 City-St-Zip: SANIBEL, FL 33957

() Delete Title: TD Title: (X) Change () Addition

Name: QUINN, JACK Name: STACY, DONALD Address: PO BOX 66 Address: 9231 DIMMICK DR SANIBEL, FL 33957 City-St-Zip: City-St-Zip: SANIBEL, FL 33957

Title: DΡ (X) Delete Title: () Change () Addition

BENNIE, RAY Name: Name: PO BOX 66 Address: Address: City-St-Zip: SANIBEL, FL 33957 City-St-Zip:

Title: (X) Delete Title: () Change () Addition

MURPHY, BUD Name: Name: Address: PO BOX 66 Address: SANIBEL, FL 33957 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 FRANK Ρ 04/27/2008