SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710679 (2)

1. Corporation Name

LOFLEY HINSON POST NO 162, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
820 SE 8TH AVE. DEERFIELD BEACH FL 33441	820 SE 8TH AVE. DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 04/06/1966
3a. Date of Last Report: 06/29/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-6200339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DOHERTY, JACK W
10712 SANDALFOOT BLVD
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name: Robert H. Keller
82 Street Address (P.O. Box Number is Not Acceptable): 124 S.E. 14TH COURT
83:
84 City: DEERFIELD BEACH FL 85 Zip Code: 33441

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: Robert H. Keller Finance Officer — 7/29/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T DOHERTY, JACK W 432 SE 11TH STREET, APT. 8101 DEERFIELD BEACH FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	T ROBERT H. KELLER 124 S.E. 14TH COURT DEERFIELD BEACH FL. 33441	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DEETZ, WALTER 241 NW 52ND CT POMPANO EBHAC FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S WILLIAM E. MCINTYRE 6400 NW. 39TH AVE. LOT 362 COCONUT CREEK FL. 33073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUTTAK, GERALD J 850 NE 48TH ST LOT 127 POMPANO BEACH FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D MICHAEL J. SULLIVAN 523 TIVOLI TRACE CIR. #104 DEERFIELD BEACH. FL. 33441	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANNAN, CHARLES 265 SE 10TH STREET, APT. C11 DEERFIELD BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D JAMES J. MIRON APT 314 S. FEDERAL Hwy. POMPANO BEACH FL. 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, MICHAEL G 1417 S.W. 1ST TERRACE DEERFIELD BCH FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, TERRY R 771 N.W. 42ND WAY DEERFIELD BEACH FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P GERALD J. SCHUTTAK 850 NE 48TH ST. POMPANO BEACH FL. 33064	☒ Change ☐ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert H. Keller Robert H. Keller Finance off. 7/29/96 1-305-421-2334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010635