

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **713683** (1)  
1. Corporation Name  
**THE AMERICAN LEG NO VEL POST #159 INC**



Principal Place of Business: **159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631**  
Mailing Address: **159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631**

3. Date Incorporated or Qualified: **11/22/1967**  
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1051305**  
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  
**STEWART BUSINESS SERVICES INC.  
806 E. VENICE AVE.  
VENICE FL 34292-9039**

10. Name and Address of New Registered Agent (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARTZELL, RAY	
STREET ADDRESS	870 EXUMA AVE	
CITY - ST - ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAYO, LAWRENCE	
STREET ADDRESS	1773 HUDSON ST	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUNT, LEONARD	
STREET ADDRESS	450 ALTAIR ROAD	
CITY - ST - ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOTT, JACK	
STREET ADDRESS	1170 S VENICE BLVD	
CITY - ST - ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MAYO, LAWRENCE	
13 STREET ADDRESS	1773 HUDSON ST.	
14 CITY - ST - ZIP	ENGLEWOOD, FL 34223	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GILKISON, JUNE	
23 STREET ADDRESS	312 PARK DALE DRIVE	
24 CITY - ST - ZIP	VENICE, FL 34285	
31 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP	34293	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WOLL, WILLIAM K.	
43 STREET ADDRESS	5816 GARFIELD RD.	
44 CITY - ST - ZIP	VENICE, FL 34293	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: William K. Wall FINANCE OFFICER 1/23/96 941/488-1157  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)