


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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 713683 (1)**  
1. Corporation Name  
**THE AMERICAN LEG NO VEL POST #159 INC**



Principal Place of Business <b>159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-1631 US</b>	Mailing Address <b>159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-8631</b>
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3. Date Incorporated or Qualified <b>11/22/1967</b>		
4. FEI Number <b>59-1051305</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> Zip Code

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		DELETED
TITLE <b>PDC</b>	NAME <b>GILKISON, JUNE M.</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>312 PARK DALE DR</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>VDVC</b>	NAME <b>HARTZELL, RAYMOND A.</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>870 EXUMA AVE</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>SDA</b>	NAME <b>KEY, KATHERINE M.</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>1000 GONDOLA DR N</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>TDFO</b>	NAME <b>BREEDEN, RALPH E. SR</b>	<input checked="" type="checkbox"/>
STREET ADDRESS <b>217 HIGH POINT DR</b>	CITY-ST-ZIP <b>VENICE FL</b>	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDITION
1.1 TITLE <b>Commander D</b>	NAME <b>Hartzell, Raymond A</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 STREET ADDRESS <b>870 Exuma Ave</b>	1.4 CITY-ST-ZIP <b>Venice, FL 34292</b>		
2.1 TITLE <b>1st Vice Commander D</b>	NAME <b>Mracek, David</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 STREET ADDRESS <b>1410 Strada D'Argento</b>	2.4 CITY-ST-ZIP <b>Venice, FL 34292</b>		
3.1 TITLE <b>Adjutant D</b>	NAME <b>Jacob, Henry I</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 STREET ADDRESS <b>985 Baffin Dr W</b>	3.4 CITY-ST-ZIP <b>Venice, FL 34293</b>		
4.1 TITLE <b>Finance Officer D</b>	NAME <b>Key, Richard</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 STREET ADDRESS <b>1000 Gondola Dr N</b>	4.4 CITY-ST-ZIP <b>Venice, FL 34293</b>		
5.1 TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
5.2 STREET ADDRESS	5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/>	<input type="checkbox"/>
6.2 STREET ADDRESS	6.4 CITY-ST-ZIP		

14. 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 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: Raymond A. Hartzell **Raymond A. Hartzell, Commander 1/21/98 941 488-**

CR2E037 (10/97)