


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90257 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713683
 Corporation Name
THE AMERICAN LEG NO VEL POST #159 INC

Principal Place of Business 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34294-1631 US	Mailing Address 159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34294-6631 34284-1631
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/22/1967
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1051305
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00, May Be Added to Fees

9. Name and Address of Current Registered Agent
STEWART BUSINESS SERVICES INC.
 806 E. VENICE AVE.
 VENICE FL 34292-9039
change of address

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) 1774 Ridgewood Ave
83.
84. City Venice
85. State FL
86. Zip Code 34292

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE CD <input checked="" type="checkbox"/> DELETE	NAME HARTZELL, RAYMOND A
STREET ADDRESS 870 EQUINA AVE	CITY-STATE-ZIP VENICE FL 34292
TITLE FVCD <input type="checkbox"/> DELETE	NAME MRACEK, DAVID
STREET ADDRESS 1410 STRADA D'ARGENTO	CITY-STATE-ZIP VENICE FL 34292
TITLE AD <input type="checkbox"/> DELETE	NAME JACOB, HENRY I
STREET ADDRESS 985 BAFFIN DR. W	CITY-STATE-ZIP VENICE FL 34293
TITLE FOD <input type="checkbox"/> DELETE	NAME KEY, RICHARD
STREET ADDRESS 1000 GONDOLA DR. N	CITY-STATE-ZIP VENICE FL 34293
TITLE <input type="checkbox"/> DELETE	NAME <i>4 officers listed</i>
STREET ADDRESS	CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12. NAME
13. STREET ADDRESS	14. CITY-STATE-ZIP
15. TITLE Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	16. NAME
17. STREET ADDRESS	18. CITY-STATE-ZIP
19. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	20. NAME
21. STREET ADDRESS	22. CITY-STATE-ZIP
23. TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	24. NAME
25. STREET ADDRESS	26. CITY-STATE-ZIP
27. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	28. NAME
29. STREET ADDRESS	30. CITY-STATE-ZIP

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: *David J. Mracek* **David J. Mracek, Commander 2/24/99 941 488-1157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR