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CORPORATION ANNUAL REPORT 1995

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

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DIVISION OF CORPORATIONS
95 APR 11 PM 9:52

DOCUMENT # 714395 (1)

1. Corporation Name

THE AMERICAN LEGION, CAPE CORAL POST #90, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
923 SE 47 TERR P O BOX 395 CAPE CORAL FL 33904	923 SE 47 TERR P O BOX 395 CAPE CORAL FL 33904

3. Date Incorporated or Qualified: 04/04/1968
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-2053873 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ZEH, BRIAN
429 SW 47TH TERR UNIT 4
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name: MORRIS FOX
82 Street Address (P.O. Box Number is Not Acceptable): 4020 DEL PRADO BLVD
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Morris Fox (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: March 20th, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VC	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MADIEROS, ERNIE	1.2 NAME	KENNETH ASTLING
STREET ADDRESS	4802 TUDOR DR, #5	1.3 STREET ADDRESS	1408 SE 39th TERR
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	FO	2.1 TITLE	VC D ☒ Change ☐ Addition
NAME	SCHARPENTER, JON	2.2 NAME	DAN DISANTIS
STREET ADDRESS	330 SE 47TH TERR.	2.3 STREET ADDRESS	1127 SE 36th TER
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	A	3.1 TITLE	A D ☒ Change ☐ Addition
NAME	BYRNE, ARTHUR	3.2 NAME	RALPH NAGLER
STREET ADDRESS	1453 VIKING CT	3.3 STREET ADDRESS	610 VICTORIA DR #B-101
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VC	4.1 TITLE	FO ☒ Change ☐ Addition
NAME	EDWARDS, DAVE	4.2 NAME	ROBERT LACOURSE
STREET ADDRESS	1203 SE 19TH ST	4.3 STREET ADDRESS	1322 SE 25th TER
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VC	5.1 TITLE	☐ Change ☐ Addition
NAME	HALLISEY, GEORGE	5.2 NAME	
STREET ADDRESS	1109 SE 35TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE	SAA	6.1 TITLE	H ☒ Change ☐ Addition
NAME	STRANGE, EDWARD	6.2 NAME	NORMAN GORMAN
STREET ADDRESS	4804 PELICAN BLVD.	6.3 STREET ADDRESS	401 SE 22nd TER
CITY-ST-ZIP	CAPE CORAL FL	6.4 CITY-ST-ZIP	CAPE CORAL, FL 33990

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)(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: RALPH NAGLER 20 MARCH 1995 (813)945-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018975