

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

AMENDED ANNUAL REPORT

DOCUMENT # 714395

1. Corporation Name THE AMERICAN LEGION, CAPE CORAL POST #90

Principal Place of Business 923 S.E. 47th Terrace
Cape Coral, FL 33904
Mailing Address 923 S.E. 47th Terrace
Cape Coral, FL 33904

2. Principal Place of Business 21 923 S.E. 47th Terrace
Suite Apt. #, etc. 22
City & State 23 Cape Coral, FL 33904
Zip 24 33904 Country 25 Lee
26. Mailing Address 27 923 S.E. 47th Terrace
Suite Apt. #, etc. 28
City & State 29 Cape Coral, FL 33904
Zip 30 33904 Country 31 Lee

3. Date Incorporated or Qualified February 1, 1963
3a. Date of Last Report April 1996
4. FEI Number 59-2053873
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MORRIS B. FOX
4020 Del Prado Boulevard
Cape Coral, FL 33904

10. Name and Address of New Registered Agent
B1 n/a
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ DATE _____
Signature of officer or director of corporation or registered agent and date is acceptable. Signature of Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS
1. TITLE D
NAME KENNETH ASTLING
STREET ADDRESS 1408 S.E. 39 Terrace
Cape Coral, FL 33904
CITY-STATE-ZIP
2. TITLE D
NAME DAN DISANTIS
STREET ADDRESS 1127 S.E. 36 Terrace
Cape Coral, FL 33904
CITY-STATE-ZIP
3. TITLE D
NAME RALPH NAGLER
STREET ADDRESS 610 Victoria Dr. #B101
Cape Coral, FL 33904
CITY-STATE-ZIP
4. TITLE FO
NAME ROBERT LACOURSE
STREET ADDRESS 1322 S.E. 25 Terrace
Cape Coral, FL 33904
CITY-STATE-ZIP
5. TITLE VC
NAME GEORGE HALLISEY
STREET ADDRESS 1109 S.E. 35th Terrace
Cape Coral, FL 33904
CITY-STATE-ZIP
6. TITLE D
NAME NORMAN GORMAN
STREET ADDRESS 401 S.E. 22 Terrace
Cape Coral, FL 33904
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE POST COMMANDER P/T
1.2 NAME ROBERT PATTISON
1.3 STREET ADDRESS 5410 Coronado Parkway
1.4 CITY-STATE-ZIP Cape Coral, FL 33904
2.1 TITLE FIRST VICE PRESIDENT V/T
2.2 NAME ANDREW AGUIAR, JR.
2.3 STREET ADDRESS 232 S.W. 34th Street
2.4 CITY-STATE-ZIP Cape Coral, FL 33904
3.1 TITLE SECOND VICE PRESIDENT V/T
3.2 NAME DENNIS YOUNG
3.3 STREET ADDRESS 4544 S.E. 5th Place
3.4 CITY-STATE-ZIP Cape Coral, FL 33904
4.1 TITLE ADJUTANT S/T
4.2 NAME NORMAN GORMAN
4.3 STREET ADDRESS 401 S.E. 22nd Terrace
4.4 CITY-STATE-ZIP Cape Coral, FL 33904
5.1 TITLE FINANCE OFFICER T
5.2 NAME KENNETH ASTLING
5.3 STREET ADDRESS 1408 S.E. 39th Terrace
5.4 CITY-STATE-ZIP Cape Coral, FL 33904
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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 605, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or both in attachment with an address.

SIGNATURE: _____ Date: 5/22/96
Signature of officer or director of corporation or registered agent and date is acceptable. Signature of Registered Agent signature required when reappointing.

CR2E034 (12/95)