NONPROFIT CORPORATION ANNUAL REPOR 1997		Sandra B Socretar	RTMENT OF STATE Mortham ry of State CORPORATIONS	_	1997 8:00ai ary of State
Corporation Name THE AMERICA	• 714395 N LEGION,CAPE	CORAL POS	51' # 90		
rincipal Place of Business 923 SE 47th PO BOX 395 CAPE CORAL,	TERR.	iling Address		3. Date Incorporated or Qualified	3a. Date of Last Report
Principal Place of Busines	s 2a.	Mailing Address		4/4/68 4. FEI Number	1996 -7-15 Applied For
]	26	0		59-2053873	Not Applicable
Suite, Apt. #, etc	27	Suite, Apt. #, etc.		5. Certificate of Status Desired	See Required
City & Stato	28	Cily & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 25	• • • • • • • • • • • • • • • • • • •	Zip	Country 30	 This corporation has liability for Florida Statutes 	intangible tax under s. 199.032, X Yes INo
	d Address of Current Registe		30	10. Name and Address of New Re	
KENNETH W. A 1408 SE 39th CAPE CORAL,	TERR		81 Name 82 Street Add 83	dress (P.O. Box Number is Not Acceptat	ble}
			84 City		FL 85 Zip Code
office or registered agen agent. I am familiar with, IGNATURE Stendure types or p 2.	t, or both, in the State of Florid, and accept the obligations of, and accept the obligations of, and accept the obligations of accept the obligations of the state of FICE RS AND DIRE C	a. Such change was a Section 617.0503, Fic Kenneth_W applicable(NOTE TORS	es, the above-named cor authorized by the corpora prida Statutes. • Astling I • Registerec Agent signature requ 13.	rporation submits this statement for the p ation's board of directors. I hereby acce Pres. 5/19 ared when reinstating) ADDITIONS/CHANGES 10 OFFIC	FL purpose of changing its registered put the appointment as registered 9/97 DATE
office or registered agen agent. I am familiar with, SIGNATURE Signature. Types or p 2. It P KENNETH	t, or both, in the State of Florid, and accept the obligations of, winded name of requisiered agent of the r OFFICE.RS AND DIREC W. ASTLING	a. Such change was a Soction 617.0503, Flo Kenneth W appicable (NOT	es, the above-named cor authorized by the corpora orida Statutes. • Astling I • Registeric Agove signature requ 13. • 11 MILE	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL
office or registered agen agent. I am familiar with, Signature. Signature. Spece or F 2. If P KENNETH ME 1408 SH	t, or both, in the State of Florid, and accept the obligations of, winded name of requisiered agent of the of OFFICE.RS AND DIREC W. ASTLING 39th TERR	a. Such change was a Soction 617.0503, Fic Kenneth W appricable (NOTH IORS DELETE	es, the above-named cor authorized by the corpora prida Statutes. • Astling I • Registerec Agent signature requ 13.	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL purpose of changing its registered purpose of changing its registered pt the appointment as registered 9/97 DATH CERS AND DIRECTORS IN 12 Change Addition Comparison
office or registered agen agent. I am familiar with, Signature. Signature. Spece or p REP KENNETH 1408 SH CAPE CO IV-SI-ZIP LE V/P DAN DIS ME 1127 SH	t. or both, in the State of Florid. and accept the obligations of, while dname of repistered agent if the eff OFFICE AS AND DIRECT W. ASTLING 39th TERR DRAL, FL. 3390 SANTIS 36th TERR.	A. Such change was a Soction 617.0503, Fic Renneth W Appreciable (NOTH TORS DELETE	es, the above-named cor autionized by the corpora orida Statutes. • Astling I Hegisterec Agent signature required 13. 1: DILLE 12 NAME	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL
office or registered agon agent. I am familiar with, Signature. typed or r KENNETE ME 1408 SI CAPE CO Y-SI-ZIP KEV/P DAN DIS ME 1127 SI Refet ADDRESS CAPE CO	t, or both, in the State of Florid, and accept the obligations of, while an of registered agent of hier OFFICERS AND DIREC 4 W. ASTLING 2 39th TERR DRAL, FL. 3390 SANTIS	A. Such change was a Soction 617.0503, Fic Renneth W Appreciable (NOTH TORS DELETE	es, the above-named con authorized by the corpora prida Statutes. • Ast ling I • Registered Agent signature required 13. 1 • HILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL purpose of changing its registered pt the appointment as registered 9/97
office or registered agent. I am familiar with, GNATURE Signature. Types or r Signature.	t. or both, in the State of Florid. and accept the obligations of, while dname of repistered agent if the eff OFFICE AS AND DIRECT W. ASTLING 39th TERR DRAL, FL. 3390 SANTIS 36th TERR.	A. Such change was a Soction 617 0503, Fic Renneth W apprecision (NOTH TORS DELETE 04 DELETE	es, the above-named con authorized by the corpora prida Statutes. As t ling I Heightene Agencistic signature required 13. 1.1 ITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL purpose of changing its registered pt the appointment as registered 9/97
office or registered agon agent. I am familiar with, Signature. Types or f KENNETE ILE P KENNETE ILE P KENNETE ILE V/P DAN DIS ILE V/P DAN DIS ILE V/P DAN DIS ILE T FREDWI ME 1000 S CAPE CO Y-ST-ZIP LE T FREDWI ME 4010 S CAPE C	tor both, in the State of Florid. and accept the obligations of, while an of repistered agent if it is of OFFICERS AND DIRECT I W. ASTLING 39th TERR DRAL, FL. 3390 SANTIS 36th TERR. DRAL, FL. 3390 CK DUDLEY	A. Such change was a Soction 617.0503, Fio Renneth W appreciate (NGTH TORS DELETE)4 DELETE #109	es, the above-named con authorized by the corpore prida Statutes. • Ast ling I • Registered Agere signature requires 13. 1 • DILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL purpose of changing its registered pt the appointment as registered 9/97 DATH CERS AND DIRECTORS IN 12 Change Addition Change
office or registered agen agent. I am familiar with, Signature. Signature. Si	Lorboth, in the State of Florid. and accept the obligations of. Deficiency of repistered agent for the r OFFICE AS AND DIRE C H W. ASTLING E 39th TERR DRAL, FL. 3390 SANTIS E 36th TERR. DRAL, FL. 3390 CCK DUDLEY SKYLINE BLVD. CORAL, FL 3391 DIRCZ E 14th ST.	A. Such change was a Soction 617 0503, Fic Renneth W apprecisie (NOTH TORS DELETE 04 DELETE 4109 4 DELETE	es, the above-named con authorized by the corpore orida Statutes. A Stiling I Heightere Agent signature required 13. 1 * DILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TOLE 4.2 NAME	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL purpose of changing its registered pt the appointment as registered 9/97 DATH CERS AND DIRECTORS IN 12 Change Addition Change
office or registered agon agont. I am familiar with, Signature types or f KENNETH ILE P KENNETH ILE P CAPE CO V-ST-ZIP ILE V/P DAN DIS ME 1127 SE REET ADDRESS CAPE CO V-ST-ZIP ILE T FREDWI ME 4010 S REET ADDRESS CAPE CO V-ST-ZIP ILE D MARTIN IL447 S CAPE C	tor both, in the State of Florid. and accept the obligations of, were and accept the obligations of, OFFICE AS AND DIRE C H W. ASTLING E 39th TERR DRAL, FL. 3390 SANTIS E 36th TERR. DRAL, FL. 3390 CK DUDLEY SKYLINE BLVD. CORAL, FL 3391 DIRCZ	A. Such change was a Soction 617.0503, File (NOTH IDRS 0 04 04 04 04 054 054 054 054 054 054 05	es, the above-named con authorized by the corpore prida Statutes. Asstatutes. 1 Registered Agerc signature requires 13. 1 DILE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TOLE	ation's board of directors. Thereby acce Pres. 5/19 ared when reinstating)	FL
office or registered agon agont. I am familiar with, Signature types or f E. LE P KENNETH 1408 SI CAPE CC V-ST-ZIP LE V/P DAN DIS ME 1127 SI NE 1127 SI NE 1127 SI NE 4010 S CAPE CC V-ST-ZIP LE T FREDWI 4010 S CAPE C V-ST-ZIP LE D MARTIN 1447 S CAPE C V-ST-ZIP LE D MARTIN 1447 S CAPE C V-ST-ZIP LE D MARTIN 1447 S CAPE C	tor both, in the State of Florid. and accept the obligations of, where a second the obligations of, OFFICE AS AND DIRE C H W. ASTLING E 39th TERR DRAL, FL. 3390 SANTIS E 36th TERR. DRAL, FL. 3390 CK DUDLEY SKYLINE BLVD. CORAL, FL 3391 DIRCZ E 14th ST. ORAL, FL. 339	A. Such change was a Soction 617 0503, Fic Kenneth W apprecision of the cost o	es, the above-named con autionized by the corpore prida Statutes. A stiling I The pistered Agove signature required 13. 1 * DILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TILE 2.2 NAME 2.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TILE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TILE 5.2 NAME 5.3 STREET ADDRESS	40000:220 06/05/97011	FL purpose of changing its registered purpose of changing its registered purpose of change its registered 9/97 DATE CERS AND DIRECTORS IN 12 Change Addition
office or registered agen agent. I am familiar with, Signeture. Types or F 2. IE P KENNETF 1408 SI REET ADDRESS CAPE CC IV-ST-ZIP IE V/P DAN DIS 1127 SI REET ADDRESS CAPE CC IV-ST-ZIP IE T FREDWI ME 4010 S REET ADDRESS CAPE C IV-ST-ZIP IE D MARTIN 1447 S REET ADDRESS Y-ST-ZIP IE D DAVID ME 1211 S CAPE C	tor both, in the State of Florid. and accept the obligations of, orfind menu of repstered agent of the of OFFICE AS AND DIRE C H W. ASTLING E 39th TERR DRAL, FL. 3390 SANTIS E 36th TERR. DRAL, FL. 3390 CK DUDLEY SKYLINE BLVD. CORAL, FL 3391 DIRCZ E 14th ST. ORAL, FL. 339 KOEHN E EL DORADO P ORAL, FL. 339	A. Such change was a Soction 617 0503, Fic Kenneth W apprecision of the cost o	es, the above-named con authorized by the corpore price Statutes. A Stiling I The pistere Agent signature required 13. 1 * DILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	400002220	FL purpose of changing its registered purpose of changing its registered purpose of change its registered 9/97 DATE CERS AND DIRECTORS IN 12 Change Addition
office or registered agon agent. I am familiar with. Signature types or f Signature types or f KENNETH 1408 SI CAPE CC Y-SI-ZIP LE V/P DAN DIS ME 1127 SI REET ADDRESS CAPE CC Y-SI-ZIP LE T FREDWI ME 4010 S CAPE CC Y-SI-ZIP LE D MARTIN 1447 S CAPE C Y-SI-ZIP LE D MARTIN 1447 S CAPE C Y-SI-ZIP LE D MARTIN 1447 S CAPE C Y-SI-ZIP LE D DAVID 1211 S CAPE C	Lor both, in the State of Florid. and accept the obligations of. Deficiency of repistered agent for the r OFFICE RS AND DIRE C H W. ASTLING E 39th TERR DRAL, FL. 3390 SANTIS E 36th TERR. DRAL, FL. 3390 CK DUDLEY SKYLINE BLVD. CORAL, FL 3391 DIRCZ E 14th ST. ORAL, FL. 339 KOEHN E EL DORADO P	A. Such change was a Soction 617.0503, Fio Renneth W appreciate (NCH) DORS DELETE 04 DELETE #109 L4 DELETE 90 DELETE 90 DELETE KWY. 04	es, the above-named con authorized by the corpore pricial Statutes. A Stiling I The disteret Agent signature required 13. 1 * DILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CHY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CHY-ST-ZIP	40000:220 06/05/97011	FL purpose of changing its registered purpose of changing its registered purpose of changing its registered 9/97 DATE DATE CERS AND DIRECTORS IN 12 Change Addition Change Addition