

FILE NOW: FILING FEE IS \$61.25

FILED  
May 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714395**  
1. Corporation Name  
**THE AMERICAN LEGION, CAPE CORAL POST #90**

Principal Place of Business      Mailing Address  
**923 SE 47th TERR.  
PO BOX 395  
CAPE CORAL, FL. 33904**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>4/4/68</b>	3a. Date of Last Report <b>1996 -7-15</b>
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2053873</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>KENNETH W. ASTLING 1408 SE 39th TERR CAPE CORAL, FL. 33904</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	FL	85 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 Kenneth W. Astling **Kenneth W. Astling Pres.** **5/19/97**  
Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <b>P</b>	NAME <b>KENNETH W. ASTLING</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>1408 SE 39th TERR</b>			1.2 NAME			
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33904</b>			1.3 STREET ADDRESS			
TITLE <b>V/P</b>	NAME <b>DAN DISANTIS</b>	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
STREET ADDRESS	<b>1127 SE 36th TERR.</b>			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33904</b>			2.2 NAME			
TITLE <b>T</b>	NAME <b>FREDWICK DUDLEY</b>	<input type="checkbox"/> DELETE		2.3 STREET ADDRESS			
STREET ADDRESS	<b>4010 SKYLINE BLVD. #109</b>			2.4 CITY-ST-ZIP			
CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>D</b>	NAME <b>MARTIN DIRCZ</b>	<input type="checkbox"/> DELETE		3.2 NAME			
STREET ADDRESS	<b>1447 SE 14th ST.</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33990</b>			3.4 CITY-ST-ZIP			
TITLE <b>D</b>	NAME <b>DAVID KOEHN</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	<b>1211 SE EL DORADO PKWY.</b>			4.2 NAME			
CITY-ST-ZIP	<b>CAPE CORAL, FL. 33904</b>			4.3 STREET ADDRESS			
TITLE <b>S/D</b>	NAME <b>NORMAN C. GORMAN</b>	<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
STREET ADDRESS	<b>401 SE 22nd TERR</b>			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	<b>CAPE CORAL, FL 33990</b>			5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
				6.2 NAME			
				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I do 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: Norman C. Gorman **Norman C. Gorman** **5/19/97** **(941) 772-2370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (9/96)