

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Feb 04 1998 8:00am
Secretary of State

DOCUMENT # **714395** (1)
1. Corporation Name
THE AMERICAN LEGION, CAPE CORAL POST #90, INC.

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

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

3. Date Incorporated or Qualified
04/04/1968
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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ASTLING, KENNETH W
1408 SE 39TH TERR
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name **AGUIAR, ANDREW T. Jr.**
82 Street Address (P.O. Box Number Is Not Acceptable)
232 SW 34th ST.
83
84 City **CAPE CORAL** FL 85 Zip Code **33914**

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 **ANDREW T. AGUIAR Jr. PD**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when relinquishing) DATE **1/12/98**

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ASTLING, KENNETH W	1408 SE 39TH TERR	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>
VP	DI SANTIS, DAN	1127 SE 36TH TERR.	CAPE CORAL FL 33904	<input type="checkbox"/>
T	DUDLEY, FREDWICK	4010 SKYLINE BLVD #109	CAPE CORAL FL 33914	<input type="checkbox"/>
D	DIRCZ, MARTIN	1447 SE 14TH ST	CAPE CORAL FL 33990	<input type="checkbox"/>
D	KOEHN, DAVID	1211 SE EL DORADO PKWY	CAPE CORAL FL 33904	<input type="checkbox"/>
SD	GORMAN, NORMAN C	401 SE 22ND TERR	CAPE CORAL FL 33990	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	AGUIAR, ANDREW T. Jr.	232 SW 34th ST.	CAPE CORAL, FL. 33914	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 SD**

1/12/98

CR2E037 (10/97)