FILE NOW: FILING FEE IS \$61.25

NONPROFIT ' CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

HARDIE R. MILLS AMERICAN LEGION POST #135, INC.				
Principal Place of Business		Mailing Address		- I SBOTH TOBOK HADA HALA BAHA BILAH BIBH BIBH BIBH BIBH BIBH BIBH BIBH BI
2296 EAST TAMAMI TRAIL NAPLES FL 33962-4706		2296 EAST TAMIAMI TRAIL NAPLES FL 33962-4706		3. Date Incorporated or Qualified 08/05/1970
				4. FEI Number Applied For
2. Principal Place of Business		2a. Mailing Address	 	59-1651888 Not Applicable
21		28 ZIPCHANGE -34/12		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & State		City & State		Trust Fund Contribution
23		28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	29 3412	Country	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
81 Name				1 1 1 1 1 5
JOHN COURTNEY			82 Street	Address (P.O. Box Number is Not Acceptable)
100 CALAIS CT			50	03 CRICKET LAKE DA.
NAPLES FL 34112			83	
84 City 1/421				VAPLES FL 85 ZUST >
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 Froida. 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, Section 617.0503, Florida Statutes.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE .	Signature, hand or puried name of registered ag	ont and title if applicable NOTE:	4)BR-//	INNAGER 2/2/98 a regulted when reinstating) ATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	V ⊅ X Change □ Addition
NAME	ARDREY, GEORGE		1.2 NAME	EARL THOMAS
STREET ADDRESS	502 CRICKET LAKE DR		1.3 STREET ADDRESS	4979-18TH CT S.W.
CITY-ST-ZIP	NAPLES FL		1.4 CiTY-ST-ZIP	NAPLES, FL.
TITLE	VD	DELETE	2.1 TITLE	GERALD SEWELL Change Addition
NAME	JOHN COURTNEY		2.2 NAME	3645 BOCA CIAGA #314 ""D"
STREET ADDRESS	100 CALAIS CT		2.3 STREET ADDRESS	
CITY-ST-ZIP TITLE	NAPLES FL DT	DELETE	2.4 CITY+ST-ZIP	
NAME	LEE, GARY	C DECEIE	3.1 TITLE	RICKY NELSON W 11 Change Addition
STREET ADDRESS	3884 ESTEY AVE		3.2 NAME	P.O. BOX 8584 NIT "D"
CITY-ST-ZIP	NAPLES FL		3.3 STREET ADDRESS	NARLES, FL. 34104
TITLE	THAT CLOTE	☐ DELETE	3.4. TY-ST-ZIP 4.1 T LE	Change Addition
NAME			_ · · · _ · · · · · · · · · · · · · · · · · · ·	CAPACIAN APPEAN
STREET ADDRESS			4.3 REET ADDRESS	NAMES, FL 34118
CITY-ST-ZIP			4.4 0 Y-ST-ZIP	NARCS, FL 34112
TITLE		☐ DELETE	5.1 T LE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	,
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	

14. I 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:

STREET ADDRESS

FILED

Feb 24 1998 8:00am

Secretary of State