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02-19-1999 90004 042 ****70.00

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718951

1. Corporation Name

HARDIE R. MILLS AMERICAN LEGION POST #135, INC.

Principal Place of Business	Mailing Address
2296 EAST TAMIAMI TRAIL NAPLES FL 33962-4706	2296 EAST TAMIAMI TRAIL NAPLES FL 34112 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/05/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1651888 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ARDREY, GEORGE V
502 CRICKET LAKE DR
NAPLES FL 34112

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ARDREY, GEORGE		1.2 NAME	
STREET ADDRESS	502 CRICKET LAKE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, EARL		2.2 NAME	
STREET ADDRESS	4979-18TH CT SOUTHWEST		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	
TITLE	DT	☒ DELETE	3.1 TITLE	D ☐ Change ☒ Addition
NAME	LEE, GARY		3.2 NAME	STEVE DAILEY
STREET ADDRESS	3884 ESTEY AVE		3.3 STREET ADDRESS	1325-7TH ST. S.
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	NAPLES, FL. 34102
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEWELL, GERALD		4.2 NAME	
STREET ADDRESS	3645 BOCA CIAGA 3314		4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34112		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	DT ☐ Change ☒ Addition
NAME	NELSON, RICKEY		5.2 NAME	ALFRED SCHRANG
STREET ADDRESS	P O BOX 8584		5.3 STREET ADDRESS	7725 JEWEL LN.
CITY-ST-ZIP	NAPLES FL 34104		5.4 CITY-ST-ZIP	NAPLES, FL. 34109
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	LARSEN, CARL		6.2 NAME	
STREET ADDRESS	5841 RATTLESNAKE HAMMOCK		6.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34113		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED George V. Ardrey 1/6/99 941 774-4707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #