

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 723156 (6)

1. Corporation Name

RIVERA BEACH AMERICAN LEGION POST # 268

Principal Place of Business

LEGION POST #268
1690 AVENUE "H" WEST
RIVIERA BEACH FL 33404

Mailing Address

LEGION POST #268
1690 AVENUE "H" WEST
RIVIERA BEACH FL 33404



3. Date Incorporated or Qualified
04/11/1972

3a. Date of Last Report
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-6200712

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUMMO, VINCENTE
7392-42 W #497
RIVIERA BEACH, FL
PALM BEACH GARDENS FL 33404

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCF
NAME HENZ, RONALD D
STREET ADDRESS 4250 74 ST N
CITY-ST-ZIP RIVIERA BEACH FL ☒ DELETE

1.1 TITLE DCF
1.2 NAME Charles C. Morris
1.3 STREET ADDRESS 14797 Peace River Way
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33418 ☐ Change ☒ Addition

TITLE VDC
NAME GOFORTH, MICHAEL H
STREET ADDRESS 243 CASTLEWOOD DR APT 3
CITY-ST-ZIP N PALM BEACH FL ☒ DELETE

2.1 TITLE VDC
2.2 NAME Larry W. Wrye
2.3 STREET ADDRESS 1864 My Place Lane
2.4 CITY-ST-ZIP West Palm Beach, FL 33417 ☐ Change ☒ Addition

TITLE AD
NAME ANDERSON, RUTH L
STREET ADDRESS 2591 PALM LN
CITY-ST-ZIP PALM BEACH GARDEN FL ☒ DELETE

3.1 TITLE AD
3.2 NAME Dianne M. Thibodeau
3.3 STREET ADDRESS 12220-5 Sag Harbor Court
3.4 CITY-ST-ZIP Wellington, FL 33414 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Dianne M Thibodeau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)