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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
LEGION POST #268 1690 AVENUE "H" WEST RIVIERA BEACH FL 33404	LEGION POST #268 1690 AVENUE "H" WEST RIVIERA BEACH FL 33404-4308

3. Date Incorporated or Qualified: 04/11/1972
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

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

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

10. Name and Address of New Registered Agent

81 Name: DAVID J. ODELL
82 Street Address (P.O. Box Number is Not Acceptable): 42 ROBALO CT.
83
84 City: NO. PLM. BCH. FL 85 Zip Code: 33408

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 _____ 4/7/97
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	☑ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, CHARLES C		1.2 NAME	
STREET ADDRESS	14797 PEACE RIVER WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL		1.4 CITY-ST-ZIP	
TITLE	~~VICE~~ T	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	WRYE, LARRY W		2.2 NAME	2498 Waterside Drive
STREET ADDRESS	1864 MY PLACE LANE		2.3 STREET ADDRESS	Lake Worth, FL 33461
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP	
TITLE	~~VICE~~ T U	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	THIBADEAU DIANNE M		3.2 NAME	THIBODEAU
STREET ADDRESS	12220-5 SAG HARBOR CT		3.3 STREET ADDRESS	1134A Summit Trail Circle
CITY-ST-ZIP	WELLINGTON FL		3.4 CITY-ST-ZIP	West Palm Beach, FL 33415
TITLE	~~Chairman~~ T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	David J. ODell		4.2 NAME	
STREET ADDRESS	42 Robalo Ct		4.3 STREET ADDRESS	
CITY-ST-ZIP	N. Palm Beach, FL 33415		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ 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	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: _____ 3/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR Date Daytime Phone # 0000964