

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 # 726054 (0)

1. Corporation Name

RABE O. WILKISON POST 38, THE AMERICAN LEGION, INCORPORATED

Principal Place of Business

**2589 FIRST STREET
FT. MYERS FL 33901
US**

Mailing Address

**P. O. BOX 0004
FT. MYERS FL 33902-0004
US**



3. Date Incorporated or Qualified
03/03/1922

3a. Date of Last Report
04/05/1995

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
59-6137069

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

**CREIGHTON, JOHN J
1542 RANSOM ST
SUITE 31
FORT MYERS FL 33901**

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

John Creighton Jr.

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE **PD** ☐ DELETE
NAME **MCCREADY, LAWRENCE L**
STREET ADDRESS **2435 FOWLER, ST**
CITY-ST-ZIP **FT MYERS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **JO** ☐ DELETE
NAME **CREIGHTON, JOHN J**
STREET ADDRESS **1542 RANSOM ST**
CITY-ST-ZIP **FT. MYERS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **FRUAUFF, GUSTAVE R**
STREET ADDRESS **17810 RANCHO 78 DR**
CITY-ST-ZIP **ALVA FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HUMPHREYS, JAMES F**
STREET ADDRESS **4871 E. RIVERSIDE DR**
CITY-ST-ZIP **FT. MYERS FL**

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

TITLE **D** ☐ DELETE
NAME **HEENAN, STANLEY A**
STREET ADDRESS **1398 WHITE CEDAR LN.**
CITY-ST-ZIP **N. FT. MYERS FL**

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

TITLE **D** ☐ DELETE
NAME **PREBOR, WALTER**
STREET ADDRESS **317 ROYAL PALM PARK RD**
CITY-ST-ZIP **FT. MYERS FL**

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

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:

Lawrence L. McCready

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/96

DATE

941-332-1853

DAYTIME PHONE #

CR2E037 (12/95)