FILE NOW: FILING FEE IS $61.25

FILED
Apr 16 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 # **726054** **(0)**

1. Corporation Name

RABE O. WILKISON POST 38, THE AMERICAN LEGION, I NCORPORATED

Principal Place of Business	Mailing Address
2589 FIRST STREET FT. MYERS FL 33901 US	P. O. BOX 0004 FT. MYERS FL 33902-0004 US

3. Date Incorporated or Qualified: 03/03/1922
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

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

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

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	D	☐ Change ☒ Addition
NAME	MCCREADY, LAWRENCE L		1.2 NAME	ECK, MARVIN W.	
STREET ADDRESS	2435 FOWLER, ST		1.3 STREET ADDRESS	10040 BAYSHORE RD.	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	N. FT MYERS, FL 33917	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CREIGHTON, JOHN J		2.2 NAME		
STREET ADDRESS	1542 RANSOM ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FRUAUFF, GUSTAVE R		3.2 NAME		
STREET ADDRESS	17810 RANCHO 78 DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALVA FL		3.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	S	☐ Change ☒ Addition
NAME	HUMPHREYS, JAMES F		4.2 NAME	COOK, E. WILLIAM	
STREET ADDRESS	4871 E. RIVERSIDE DR		4.3 STREET ADDRESS	6 PINE GROVE CT.	
CITY-ST-ZIP	FT. MYERS FL		4.4 CITY-ST-ZIP	N. FT. MYERS, FL 33917	
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HEENAN, STANLEY A		5.2 NAME		
STREET ADDRESS	1398 WHITE CEDAR LN.		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	P	☐ Change ☒ Addition
NAME	PREBOR, WALTER		6.2 NAME	ECK, RANDY S.	
STREET ADDRESS	317 ROYAL PALM PARK RD		6.3 STREET ADDRESS	178 EVERGREEN RD.	
CITY-ST-ZIP	FT. MYERS FL		6.4 CITY-ST-ZIP	N. FT. MYERS, FL 33903	

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: [signature] GUSTAVE R FRUAUFF 4/9/97 (941) 338-1558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0055909