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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90088 049 ****61.25

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DOCUMENT # 726054

1. Corporation Name

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

Principal Place of Business	Mailing Address
1857 JACKSON ST FT. MYERS FL 33901 US	P. O. BOX 0004 FT. MYERS FL 33902-0004 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/03/1922
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6137069 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ECK, MARVIN W.		1.2 NAME		
STREET ADDRESS	10040 BAYSHORE RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		1.4 CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME	COOK, E. WILLIAM		4.2 NAME		
STREET ADDRESS	6 PINE GROVE CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCREADY, LAWRENCE		5.2 NAME		
STREET ADDRESS	541 NEW YORK DR, LOT 22		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33905		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ECK, RANDY S.		6.2 NAME		
STREET ADDRESS	178 EVERGREEN RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. FT. MYERS FL		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] STANLEY R. FRUAUFF 4/26/99 941-338-1535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #