

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90016 001 ****61.25

DOCUMENT # 726054

1. Entity Name

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



Principal Place of Business

**1857 JACKSON ST
FT. MYERS FL 33901
US**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-0537920

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	☒ Delete
NAME	HEENAN, STAN	
STREET ADDRESS	1378 WHITE CEDAR LN	
CITY-ST-ZIP	FORT MYERS FL 33917	
TITLE	D	☐ Delete
NAME	CREIGHTON, JOHN J	
STREET ADDRESS	1542 RANSOM ST	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DV	☒ Delete
NAME	MCCREADY, LAWRENCE	
STREET ADDRESS	541 NEW YORK DR, LOT 22	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	☐ Change ☐ Addition
NAME	Bob Mopper	
STREET ADDRESS	241 Kingston Dr	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	☒ Change ☐ Addition
NAME	John Creighton	
STREET ADDRESS	1925 Virginia Ave #5-9	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	DV	☐ Change ☒ Addition
NAME	Randy Ect	
STREET ADDRESS	18040 Bayshore Rd	
CITY-ST-ZIP	FT MYERS FL 33917	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #