

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90031 013 ****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**

20011000



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 **RANDY S. ECK**

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

10046 Bayshore Rd

City **North Fort Myers**

FL

Zip Code **33917**

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, 2005**

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 **D** ☒ Delete
NAME **CREIGHTON, JOHN J**
STREET ADDRESS **1925 VIRGINIA AVE., #5-9**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **Director** ☒ Change ☐ Addition
NAME **RANDY S. ECK**
STREET ADDRESS **10046 Bayshore Rd**
CITY-ST-ZIP **North Fort Myers, FL 33917**

TITLE **VD** ☒ Delete
NAME **ECK, RANDY**
STREET ADDRESS **12240 BAYSHORE RD.**
CITY-ST-ZIP **NORTH FORT MYERS FL 33917**

TITLE **Vice Director** ☒ Change ☐ Addition
NAME **William P. Koser**
STREET ADDRESS **1062 Kindly Rd**
CITY-ST-ZIP **North Fort Myers, FL 33903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Robert C. Nipper Jr.**
STREET ADDRESS **241 King St Dr**
CITY-ST-ZIP **FT Myers FL 33905**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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

2/13/05 239-332-1453

Date

Daytime Phone #