

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 # 732889 (1)

1. Corporation Name
**AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,
DEPARTMENT OF FLORIDA**



Principal Place of Business: P.O. BOX #53, SANFORD FL 32772
Mailing Address: P.O. BOX #53, SANFORD FL 32772

3. Date Incorporated or Qualified: **05/30/1975**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-6200272**
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

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

9. Name and Address of Current Registered Agent
**JONES, JOHN
615 BETH DRIVE
SANFORD FL 32771**

10. Name and Address of New Registered Agent
81 Name: **GIL BRUETTE T**
82 Street Address (P.O. Box Number is Not Acceptable): **957 MONROE HARBOR PLACE**
83 City & State: **SANFORD FL. 32773**
84 City: **SANFORD FL.** 85 Zip Code: **FL 32773**

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: *Gil Bruette* *Comandante* *JAN-18-1996*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JONES, JOHN	
STREET ADDRESS	615 BETH DRIVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BRUNO, TONY	
STREET ADDRESS	1961 VIENNA DR	
CITY-ST-ZIP	CASSELBERRY FL 32707-3719	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	GRAHAM, CHARLES T	
STREET ADDRESS	855 SILVERADO CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	FOD	<input type="checkbox"/> DELETE
NAME	SMITH, JIM	
STREET ADDRESS	114 E JINKINS CT	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HARRINGTON, FRANK	
STREET ADDRESS	116 LAKE DOT DRIVE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	BRUETTE, GIL	
STREET ADDRESS	957 MONROE HARBOR PL	
CITY-ST-ZIP	SANFORD FL 32773	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GIL BRUETTE T	
1.3 STREET ADDRESS	957 MONROE HARBOR PL. SANFORD FL.	
1.4 CITY-ST-ZIP	32773 FL.	
2.1 TITLE	V/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TOMMY BOSSERT	
2.3 STREET ADDRESS	212 MEADOW BLVD.	
2.4 CITY-ST-ZIP	SANFORD FL. 32771	
3.1 TITLE	V/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAYMOND C. BLOWER	
3.3 STREET ADDRESS	2839 CENTRAL DRIVE.	
3.4 CITY-ST-ZIP	SANFORD FL. 32771	
4.1 TITLE	ROBERT L. BROHAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	215 VINEWOOD DR. T	
4.3 STREET ADDRESS	SANFORD FL. 32773	
4.4 CITY-ST-ZIP		
5.1 TITLE	100001731681	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/04/96--01131--013	
5.3 STREET ADDRESS	***\$1.25	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gil Bruette* *Gil Bruette* *JAN-18-1996* *407.322.1652*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)