

2/17/98 B-2184 C
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FILED
 Feb 17 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 732889 (1)
 Corporation Name
 AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC.,
 DEPARTMENT OF FLORIDA



| | | | |
|----------------------------------|--------------------------------|----------------------------------|---------------------|
| Principal Place of Business | | Mailing Address | |
| P.O. BOX #53 SANFORD FL 32772 | | P.O. BOX #53 SANFORD FL 32772 | |
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

3. Date Incorporated or Qualified
 05/30/1975

4. FEI Number
 59-6200272

| | |
|----------------|--|
| Applied For | |
| Not Applicable | |

6. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

SMITH, JIM
 114 E JINKINS CIR
 SANFORD FL 32771

10. Name and Address of New Registered Agent

| | | |
|----|--|--------------------|
| 81 | Name | JIM SMITH |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | 114 E. JINKINS CIR |
| 83 | | |
| 84 | City | SANFORD |
| 85 | Zip Code | FL 32771 |

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 *Jim Smith* DATE JANUARY 11, 1998

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | CTD | <input checked="" type="checkbox"/> DELETE |
| NAME | BRUETTE, GIL | |
| STREET ADDRESS | 957 MONROE HARBOR PL | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | VC | <input checked="" type="checkbox"/> DELETE |
| NAME | BOSSERT, TOMMY | |
| STREET ADDRESS | 212 MEADOW BLVD | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | VC | <input checked="" type="checkbox"/> DELETE |
| NAME | BLOWER, RAYMOND C | |
| STREET ADDRESS | 2839 CENTRAL DR | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | BROHAN, ROBERT L | |
| STREET ADDRESS | 215 VINEWOOD DR | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | HARRINGTON, FRANK | |
| STREET ADDRESS | 118 LAKE DOT DRIVE | |
| CITY-ST-ZIP | SANFORD FL 32773 | |
| TITLE | VC | <input checked="" 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 | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JIM SMITH | |
| 1.3 STREET ADDRESS | 114 E. JINKINS CIR. | |
| 1.4 CITY-ST-ZIP | SANFORD FL 32771 | |
| 2.1 TITLE | VC | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | DOUG BISHOP | |
| 2.3 STREET ADDRESS | P.O. BOX 2464 | |
| 2.4 CITY-ST-ZIP | SANFORD FL 32772 | |
| 3.1 TITLE | ADJ | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | CHARLES B. GRAHAM | |
| 3.3 STREET ADDRESS | 855 SILVERADO COURT | |
| 3.4 CITY-ST-ZIP | LAKE MARY FL 32746 | |
| 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | WILLIAM HILL | |
| 4.3 STREET ADDRESS | 1236 MULLET LAKE PARK ROAD | |
| 4.4 CITY-ST-ZIP | GENEVA FL 32732 | |
| 5.1 TITLE | TR | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | TERRY COURTNEY | |
| 5.3 STREET ADDRESS | 1571 DOYLE ROAD BOX 91 | |
| 5.4 CITY-ST-ZIP | DELTONA FL 32725 | |
| 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 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: *Jim Smith* JAN-11-1998

CR2E037 (10/97)