

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$188 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$368)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 17 AM 8:53

DOCUMENT # 740134 (2)

1. Corporation Name
JOHN F. MURPHY POST 303, AMERICAN LEGION, INC.

Principal Place of Business Mailing Address
**27678 IMPERIAL SHORES BLVD.
P. O. BOX 241
BONITA SPRINGS FL 33923
US** **P. O. BOX 241
BONITA SPRINGS FL 33959
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/15/1977** 3a. Date of Last Report **06/24/1994**
4. FEI Number **59-6200731** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
**HARVEY, G B
802 SUNRISE BLVD.
NAPLES FL 33963**

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 *[Signature]* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	BURKE, JOHN J	1.2 NAME	MADAFFER, RONALD
STREET ADDRESS	26311 CAPE VERDI LN.	1.3 STREET ADDRESS	815 92ND AVE. N
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	NAPLES, FL 33963
TITLE	VD	2.1 TITLE	VD
NAME	POLAKOWSKI, THOMAS	2.2 NAME	SANCHEZ, JOSEPH
STREET ADDRESS	103RD NORTH AVE.	2.3 STREET ADDRESS	4377 MARINER RD
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	ST	3.1 TITLE	
NAME	HARVEY, G B	3.2 NAME	SAME
STREET ADDRESS	802 SUNRISE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	
TITLE	AD	4.1 TITLE	D
NAME	POKLEMA, ANDREW	4.2 NAME	MARION, GLENN
STREET ADDRESS	3668 BONITA BEECH RD.	4.3 STREET ADDRESS	27249 PULLEN AVE. B-21
CITY-ST-ZIP	BONITA SPRINGS FL 33923	4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923-5434
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(a), 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: *[Signature]* DATE: **6-12-95 (813) 992-2422**

CR2E037 (3/95)