

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 # 740134 (2)
1. Corporation Name
JOHN F. MURPHY POST 303, AMERICAN LEGION, INC.



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

3. Date Incorporated or Qualified: **09/15/1977**
3a. Date of Last Report: **07/17/1995**

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **59-6200731**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
81 Name: **Joeseh Sanchez**
82 Street Address (P.O. Box Number is Not Acceptable): **4377 Mariner Rd**
83 City: **Bonita Springs**
84 City: **Bonita Springs** FL 85 Zip Code: **33923**

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: *Joseph Sanchez* **Joseph Sanchez, Finance Officer** February 6, 1996
Signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MADAFFER, RONALD	
STREET ADDRESS	815 92ND AVE N	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSEPH	
STREET ADDRESS	4377 MARINER RD	
CITY-ST-ZIP	BONITA SPEING S	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, G B	
STREET ADDRESS	802 SUNRISE BLVD.	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARTON, GLENN	
STREET ADDRESS	27249 PULLEN AVE B-21	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVID HALE	
STREET ADDRESS	Bonita Springs	
CITY-ST-ZIP	4805 GARY RD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM HATFIELD	
STREET ADDRESS	9818 TONYA CT	
CITY-ST-ZIP	BONITA SPRINGS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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: *Ronald A. Madaffer* **2-6-96** 941-597-1548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)