

FILE NOW: FILING FEE IS \$61.25

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Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34133-0241 US
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3. Date Incorporated or Qualified 09/15/1977	3a. Date of Last Report 02/12/1996
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21. Principal Place of Business 21 27678 IMPERIAL SHORES	2a. Mailing Address 26 4450 BONITA BEACH RD	4. FEI Number 59-6200731	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. 22 BLVD.	27. Suite, Apt. #, etc. 27 # 10-147	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State 23 BONITA SPRINGS FL	28. City & State 28 BONITA SPRINGS FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 24 34134	25. Country 25 US	29. Zip 29 34134	30. Country 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**SANCHEZ, JOSEPH
4377 MARINER RD
BONITA SPRINGS FL 33923 34134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 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 _____ DATE _____
Signature typed or printed name of registered agent and title. If applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MADAFFER, RONALD		1.2 NAME ROBERT C KETTLES	
STREET ADDRESS 815 92ND AVE N		1.3 STREET ADDRESS 233 WEST 3rd STREET	
CITY-ST-ZIP NAPLES FL		1.4 CITY-ST-ZIP BONITA SPRINGS FL 34134	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANCHEZ, JOSEPH		2.2 NAME	
STREET ADDRESS 4377 MARINER RD		2.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPEING S		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALE, DAVID		3.2 NAME	
STREET ADDRESS 4805 GARY RD		3.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTON, GLENN		4.2 NAME	
STREET ADDRESS 27249 PULLEN AVE B-21		4.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HATFIELD, WILLIAM		5.2 NAME	
STREET ADDRESS 9818 TONYA CT		5.3 STREET ADDRESS	
CITY-ST-ZIP BONITA SPRINGS FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  **ROBERT C KETTLES** 1-7-97 941-992-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **COMMANDER** Daytime Phone # **0060249**

CP2E037 (9/96)