

FILE NOW: FILING FEE IS \$61.25

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**Mar 06 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Myrtham ♦ 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. BONITA SPRINGS FL 34134 US		Mailing Address 4450 BONITA BEACH RD. #10-147 BONITA SPRINGS FL 34134 US		3. Date Incorporated or Qualified 09/15/1977
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-6200731
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SANCHEZ, JOSEPH 4377 MARINER RD BONITA SPRINGS FL 39923 34134				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	FINANCE OFFICER (D)
NAME	ROBERT C. KETTLES	1.2 NAME	ROBERT W. SHRAEDER
STREET ADDRESS	233 W. 3RD ST.	1.3 STREET ADDRESS	28705 MEGAN DR.
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	AD-C	2.1 TITLE	HISTORIAN (D)
NAME	SANCHEZ, JOSEPH	2.2 NAME	MARYIN D. MILLER
STREET ADDRESS	4377 MARINER RD	2.3 STREET ADDRESS	P.O. BOX 741 NIA
CITY-ST-ZIP	BONITA SPRING S 34134	2.4 CITY-ST-ZIP	BONITA SPRINGS FL 34133
TITLE	D	3.1 TITLE	SGT. AT. ARMS (T)
NAME	HALE, DAVID	3.2 NAME	DAVID HALE
STREET ADDRESS	4805 GARY RD	3.3 STREET ADDRESS	4805 GARY RD
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	BONITA SPRINGS FL 34134
TITLE	D	4.1 TITLE	COMMANDER (C)
NAME	BARTON, GLENN	4.2 NAME	JOSEPH SANCHEZ
STREET ADDRESS	27249 PULLEN AVE B-21	4.3 STREET ADDRESS	4377 MARINER RD
CITY-ST-ZIP	BONITA SPRINGS FL	4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D	5.1 TITLE	D
NAME	HATFIELD, WILLIAM	5.2 NAME	HADFIELD, WILLIAMS.(D)
STREET ADDRESS	9818 TONYA CT	5.3 STREET ADDRESS	9818 TONYA CT
CITY-ST-ZIP	BONITA SPRINGS FL 34137	5.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: W. S. Hatfield Post ADJUTANT 1/7/98 (941) 992-2060

CR2E037 (10/97)