

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90054 042 \*\*\*\*70.00

**DOCUMENT # 740134**



1. Entity Name

**JOHN F. MURPHY POST 303, AMERICAN LEGION, INC.**

Principal Place of Business

27678 IMPERIAL SHORES BLVD.  
 BONITA SPRINGS FL 34134 US

Mailing Address

P.O BOX 1931  
 BONITA SPRINGS FL 34133 US

**24018559**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200731

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HADFIELD, WILLIAM  
 9818 TANYA COURT  
 BONITA SPRINGS FL 34135**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*W.S. Hadfield* ADJUTANT  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
 Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **ZANNONI, RUDOLPH E**  
 STREET ADDRESS: **4878 E.**  
 CITY-ST-ZIP: **BONITA SPRINGS FL 34134**

TITLE: **COMMANDER**  Change  Addition  
 NAME: **RAYMOND J. AUSTIN**  
 STREET ADDRESS: **1635 W. MT. VERNON LANE**  
 CITY-ST-ZIP: **NAPLES, FL 34110**

TITLE: **D**  Delete  
 NAME: **NISKALA, ROBERT**  
 STREET ADDRESS: **10231 MADDOX LN 211**  
 CITY-ST-ZIP: **BONITA SPRINGS FL 34135**

TITLE: **FINANCE OFFICER**  Change  Addition  
 NAME: **WILLIAM E. MEDVITT**  
 STREET ADDRESS: **53 WILLOUGHBY DR.**  
 CITY-ST-ZIP: **NAPLES, FL 34110**

TITLE: **D**  Delete  
 NAME: **HADFIELD, WILLIAM**  
 STREET ADDRESS: **9818 TONYA CT**  
 CITY-ST-ZIP: **BONITA SPRINGS FL 34135**

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
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 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
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TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W.S. Hadfield* ADJUTANT  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-4-04** (239)992-2422  
 Date Daytime Phone #