

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90046 038 \*\*\*\*61.25

**DOCUMENT # 740134**  
 1. Entity Name  
**JOHN F. MURPHY POST 303, AMERICAN LEGION, INC.**



Principal Place of Business      Mailing Address  
 27678 IMPERIAL SHORES BLVD.  
 BONITA SPRINGS FL 34134 US      P.O BOX 1931  
 BONITA SPRINGS FL 34133 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E037 (10/04)

4. FEI Number      Applied For  
**59-6200731**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**HADFIELD, WILLIAM**  
**9818 TANYA COURT**  
**BONITA SPRINGS FL 34135**

**7. Name and Address of New Registered Agent**  
 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 WILLIAM HADFIELD      [Signature]      1-25-05  
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, 2005**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	HADFIELD, WILLIAM	
STREET ADDRESS	9818 TONYA CT	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, RAYMOND	
STREET ADDRESS	1635 W. MT. VERNON LN.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	FO	<input type="checkbox"/> Delete
NAME	MCDEVITT, WILLIAM E	
STREET ADDRESS	53 WILLOUGHBY DR.	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COMMANDER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZANNON RUDOLPH E.	
STREET ADDRESS	P.O. Box 367033	
CITY-ST-ZIP	BONITA SPGS., FL 34136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] / W.S. HADFIELD      1/25/06      239 992-2422  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #