2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 08, 2007 8:00 am Secretary of State **DOCUMENT # 740134** 1. Entity Namo 02-08-2007 90054 021 ****61.25 JOHN F. MURPHY POST 303, AMERICAN LEGION, Principal Place of Business Mailing Address 27678 IMPERIAL SHORES P.O BOX 1931 BONITA SPRINGS FL 34133 BLVD. BONITA SPRINGS FL 34134 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 59-6200731 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADFIELD, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 9818 TANYA COURT **BONITA SPRINGS FL 34135** City 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 W.S. HADFIELD - AUJUTANT (NOTE Registered Agent signature required why DATE ernstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. D TITLE ☐ Delete TITLE Change ☐ Addition NAME HADFIELD, WILLIAM NAME STREET ADDRESS STREET ADDRESS 9818 TONYA CT CITY-ST-ZIP **BONITA SPRINGS FL 34135** CITY-S1 ZIP ZANNOWI, RUDOLPH E. 4878 ESPLANADE ST TITLE ☐ Defete THIE ■ Addition NAM! PIRUCKI, ROBERT T NAME STREET ADDRESS 806 105TH AVE N STREET ADDRESS BONITA SPRINGS FL CITY-ST-ZIP NAPLES FL 34108 CITY ST 7IP THIE TITLE Delete ☐ Addition NAME NAME MCDEVITT, WILLIAM E STREET ADDRESS STREET ADDRESS 53 WILLOUGHBAY DR. CiTY-S1-ZIP CITY-S1-ZIP NAPLES FL 34110 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P THLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY ST-ZIP THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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.

FILED