

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 25, 2008 8:00 am**  
**Secretary of State**

01-25-2008 90034 036 \*\*\*\*61.25



**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**

2. Principal Place of Business - No P.O. Box # **27678 IMPERIAL SHORES BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State: **BONITA SPRINGS FL**  
 City & State: \_\_\_\_\_  
 Zip: **34134** Country: **USA**



1st MOORE CR2E037 (10/07)

4. FEI Number: **59-6200731** Applied For:  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: \_\_\_\_\_ State: **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* DATE: **1/22/08**

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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 NAME: HADFIELD, WILLIAM STREET ADDRESS: 9818 TONYA CT CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE: COMMANDER NAME: RAYMOND J. AUSTIN STREET ADDRESS: 25501 TRUST BLVD CITY-ST-ZIP: BONITA SPRINGS FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: C NAME: ZANNONI, RUDOLPH E STREET ADDRESS: 4878 ESPWANADE STREET CITY-ST-ZIP: BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete	TITLE: FIRST VICE COMMANDER NAME: MICHAEL D. MCOY STREET ADDRESS: 27473 PELICAN RIDGE CIR CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: FO NAME: MCDEVITT, WILLIAM E STREET ADDRESS: 53 WILLOUGHBY DR. CITY-ST-ZIP: NAPLES FL 34110	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *William Hadfield* DATE: **1/22/08**