

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742014** (4)

1. Corporation Name

**VOITURE LOCALE #790, LA SOCIETE DES 40 HOMMES ET
8 CHEVAUX OF LEE COUNTY, FLORIDA, INC.**



Principal Place of Business	Mailing Address
AMERICAN LEGION POST 80 923 SE 47TH TERRACE CAPE CORAL FL 33904	P.O. BOX 395 CAPE CORAL FL 33910

3. Date Incorporated or Qualified

03/16/1978

4. FEI Number

59-6151282

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, OREN
11883 KING JAMES CT.
CAPE CORAL FL 33991**

81 Name **CUNNINGHAM CHARLES**

82 Street Address (P.O. Box Number is Not Acceptable)
7594 PEYRAUD CT.

83

84 City **NORTH FORT MYERS**

FL

85 Zip Code
33917

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 **CHARLES CUNNINGHAM PD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Charles Cunningham 1/08/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, OREN	1.2 NAME	CUNNINGHAM CHARLES
STREET ADDRESS	11883 KING JAMES CT.	1.3 STREET ADDRESS	7594 PEYRAUD CT.
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	NORTH FORT MYERS, FL, 33917
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, CHARLES	2.2 NAME	DISANTIS DAN
STREET ADDRESS	7594 PEYRAUD CT.	2.3 STREET ADDRESS	1127 SE 36th TERR.
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	CAPE CORAL FL, 33904
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, NORMAN	3.2 NAME	
STREET ADDRESS	401 SE 22ND TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33990	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABO, ROBERT	4.2 NAME	FRUAUFF GUSTAVE
STREET ADDRESS	4316 SANTA BARBARA BLVD.	4.3 STREET ADDRESS	17810 RANCHO 78 DRIVE
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	ALVA FL, 33920
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREIGHTON, JOHN J	5.2 NAME	
STREET ADDRESS	1542 RANSOM STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33901	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITRY, ROY	6.2 NAME	
STREET ADDRESS	5020 SAXONY COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	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 *Norman G. Gorman* **NORMAN G. GORMAN TD** 1/08/98

CR2E037 (10/97)