


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03968** (7)

1. Corporation Name

FLORIDA AMERICAN LEGION BOYS' STATE, INC.

Principal Place of Business 1912 LEE RD P O BOX 7936 ORLANDO FL 32810-5704	Mailing Address 1912 LEE RD P O BOX 7936 ORLANDO FL 32810-5704
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1984	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2042062	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHANNON, DYKE E.
1912 LEE RD
ORLANDO FL 32810**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELONG, DAVID	1.2 NAME	William Seemann
STREET ADDRESS	1912A LEE ROAD	1.3 STREET ADDRESS	1912 A Lee Rd.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHANNON, DYKE E.	2.2 NAME	Palmer Williams
STREET ADDRESS	RT.5, BOX 481	2.3 STREET ADDRESS	1912 A Lee Rd.
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	Orlando, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEHRLI, GEORGE W	3.2 NAME	Ulysses Johnson
STREET ADDRESS	RT 12 FAWN DR	3.3 STREET ADDRESS	1912 A Lee Rd.
CITY-ST-ZIP	LAKE CITY FL	3.4 CITY-ST-ZIP	Orlando, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAIDEN, BILLY ROSS	4.2 NAME	
STREET ADDRESS	COUNTRY CLUB RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, CHUCK	5.2 NAME	
STREET ADDRESS	1912 LEE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTHERFORD, W E BILL	6.2 NAME	
STREET ADDRESS	RT 1 BOX 140	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	6.4 CITY-ST-ZIP	

14. I do 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

SIGNATURE REQUIRED

8/8/97 11:22:25

CR2E037 (4/97)