FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

1998 DOCUMENT #

N03968

(7)

FLORIDA AMERICAN LEGION BOYS' STATE, INC.				
Principal Plac	e of Business	Mailing Address		T TOOL THE THE THE THE THE THE TOTAL STATE THE TOTAL STATE S
1912 LEE RD P O BOX 7936 ORLANDO FL 32810-5704		1912 LEE RD P O BOX 7936 ORLANDO FL 32810-5704		3. Date Incorporated or Qualified 06/29/1984 4. FEI Number Applied For 59-2042062 Not Applicable
2. Principal F	Place of Business	2a. Malling Address		CO 75 4 delivered
21		26		5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
Zip	Country 25	Zip	Country 30	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.				10. Name and Address of New Registered Agent
			81 Name	
SHANNON, DYKE E. 1912 LEE RO		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
ORLANDO FL 32810		63		
'			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 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				
12.	Signature, typed or printed name of registered age: OFFICERS AND		TE: Registered Agent signature requir	red when reinstating) DAYE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C	DELETE	1.1 TITLE	Change Addition
1	•			C overife C vocation
NAME STREET ADDRESS	SEEMANN, WILLIAM 1912A LEE ROAD		1.2 NAME 1.3 STREET ADDRESS	
	ORLANDO FL		1.4 CITY-ST-ZIP	
CITY-ST-ZIP TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHANNON, DYKE E.		2.2 NAME	
STREET ADDRESS	RT.5, BOX 481		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL		2. 4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	WEHRLI, GEORGE W		3.2 NAME	
STREET ADDRESS	RT 12 FAWN DR		3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, PALMER		4.2 NAME	
STREET ADDRESS	1912A LEE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ 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	

6.4 CITY - ST 14. Thereby certify that the information supplied with this filing does indicated on this annual report or supplemental annual report is officer or director of the corporation or the receiver or trustee or Block 12 or Block 13 if changed, or on an attachment with an application. le exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate app that my signature shall have the same legal effect as if made under oath; that I am an accuse this report as required by Chapter 617, Florida Statutes; and that my name appears in

6.3 STREET ADORESS

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

RUTHERFORD, W E BILL

RT 1 BOX 140

PLANT CITY FL

TITLE

STREET ADDRESS

CITY-ST-ZIP

FILED

Feb 12 1998 8:00am

Secretary of State