


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N03968 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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FILED

99 FEB 24 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 547936 27 Suite, Apt. #, etc. 28 Orlando, FL 29 Zip 32854 30 Country Orange	3. Date Incorporated or Qualified 06/29/1984 4. FEI Number 59-2042062 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent SHANNON, DYKE E. 1912 LEE RD ORLANDO FL 32810	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 State FL Zip Code 32810
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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	11 TITLE	C
NAME	SEEMANN, WILLIAM	12 NAME	Strange, Lawrence
STREET ADDRESS	1912A LEE ROAD	13 STREET ADDRESS	312 N.W. 10th Avenue
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Delray Beach, FL 33444
TITLE	ST	21 TITLE	ST
NAME	SHANNON, DYKE E.	22 NAME	Shannon, Dyke E.
STREET ADDRESS	RT.5, BOX 481	23 STREET ADDRESS	1912 A Lee Road
CITY-ST-ZIP	SANFORD FL	24 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D	31 TITLE	D
NAME	WEHRLI, GEORGE W	32 NAME	Barrie Glover, Barrie
STREET ADDRESS	RT 12 FAWN DR	33 STREET ADDRESS	486 E. Ivan Rd.
CITY-ST-ZIP	LAKE CITY FL	34 CITY-ST-ZIP	Crawfordville, FL 32327
TITLE	D	41 TITLE	D
NAME	WILLIAMS, PALMER	42 NAME	Ulysses Johnson, Ulysses
STREET ADDRESS	1912A LEE RD	43 STREET ADDRESS	560 Lake Maude Dr. NE
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE	D	51 TITLE	D
NAME	WILLIAMS, CHUCK	52 NAME	Williams, Chuck
STREET ADDRESS	1912 LEE ROAD	53 STREET ADDRESS	172 Sandalwood Way
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Longwood, FL 32750
TITLE	D	61 TITLE	
NAME	RUTHERFORD, W E BILL	62 NAME	
STREET ADDRESS	RT 1 BOX 140	63 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99

Date

(407) 295-2631

Daytime Phone #

0017571

CR2E037 (11/98)