

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004477

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** KWVA FLORIDA GULF COAST CHAPTER #155, INC

**Current Principal Place of Business:**

AMERICAN LEGION POST 90  
4720 SE 15TH AVE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

1101 SW 54TH LN  
CAPE CORAL, FL 33914 US

**New Mailing Address:**

**FEI Number:** 42-1630272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KENT, ROBERT S TREASUR  
1101 SW 54TH LN  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** MR.  
**Name:** HEBNER, ROBERT PRES.  
**Address:** 404 SE 28TH TER.  
**City-St-Zip:** CAPE CORAL, FL 33904 US

**Title:** MR.  
**Name:** NAPOLITANO JR., NICHOLAS 1ST VP  
**Address:** 117 SE 13TH AVE.  
**City-St-Zip:** CAPE CORAL, FL 33990 US

**Title:** MR.  
**Name:** KLOEKER, JOHN 2ND VP  
**Address:** 531 SE 33 RD ST.  
**City-St-Zip:** CAPE CORAL, FL 33904 US

**Title:** MR.  
**Name:** KENT, ROBERT S TREA.  
**Address:** 1101 SW 54TH LN.  
**City-St-Zip:** CAPE CORAL, FL 33914 US

**Title:** MR.  
**Name:** WELIVER, JOHN SEC.  
**Address:** 6552 HIGHLAND PINES CIRCLE  
**City-St-Zip:** FT. MYERS, FL 33966 US

**Title:** MR.  
**Name:** MONTAGNINO, JEROME SGT/ARM  
**Address:** 5309 SW 11TH AVE.  
**City-St-Zip:** CAPE CORAL, FL 33914 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT S. KENT

MR.

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date