

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06627** (6)
Corporation Name
THE AMERICAN LEGION POST 247, INC.



Principal Place of Business
**3710 19TH AVE SW
NAPLES FL 33964-3142**

Mailing Address
**3710 19TH AVE SW
NAPLES FL 34117-6142**

Date Incorporated or Qualified
12/13/1984

Date of Last Report
04/19/1996

Principal Place of Business
21

Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

FEI Number
59-2588004

Applied For
Not Applicable

Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ **\$5.00 May Be Added to Fees**

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

Name and Address of Current Registered Agent

**FERRINGER, EDWARD C.
3710 19TH AVENUE SW
NAPLES FL 33964**

Name and Address of New Registered Agent

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

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 **Edward C. Ferringer**

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

(NOTE: Registered Agent signature required when requesting)

DATE

OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	TALLEY, ARLESS A	
STREET ADDRESS	250 22ND AVE NW	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	☐ DELETE
NAME	FERRINGER, EDWARD C.	
STREET ADDRESS	3710 19TH AVENUE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	☒ DELETE
NAME	SCHMIDT, FRANK	
STREET ADDRESS	256 PEBBLE BEACH BLVD.	
CITY-ST-ZIP	NAPLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT "D"	☒ Change ☐ Addition
1.2 NAME	ANDREW CLAVELLO	
1.3 STREET ADDRESS	3610 21st AVENUE S.W.	
1.4 CITY-ST-ZIP	NAPLES, FL 34117	
2.1 TITLE	SECRETARY-TREASURER	☐ Change ☐ Addition
2.2 NAME	3710 19TH AVENUE S.W. "DS"	
2.3 STREET ADDRESS	EDWARD C. FERRINGER	
2.4 CITY-ST-ZIP	NAPLES, FL 34117	
3.1 TITLE	VICE-PRESIDENT "D"	☒ Change ☐ Addition
3.2 NAME	DAVID L. SMITH	
3.3 STREET ADDRESS	5460 32nd AVENUE S.W.	
3.4 CITY-ST-ZIP	NAPLES, FL 34116	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

Edward C. Ferringer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **1/9/97** Daytime Phone # **941/353-0952** 0060734

CR2E037 (9/96)