

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90104 033 ****61.25

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DOCUMENT # N06627

1. Corporation Name

THE AMERICAN LEGION POST 247, INC.

Principal Place of Business

5460 32ND AVE SW
NAPLES FL 34116
US

Mailing Address

5460 32ND AVE SW
NAPLES FL 34116
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

12/13/1984

4. FEI Number

59-2588004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

DAVID L. SMITH
5460 32ND SW
NAPLES FL 34116

10. 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

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.

David L. Smith

(NOTE: Registered Agent signature required when reinstating)

Jan 15, 1999

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME CLAVELO, ANDREW
STREET ADDRESS 3610 21ST. AVENUE S.W.
CITY-ST-ZIP NAPLES FL 34117

TITLE ST ☐ DELETE
NAME DAVID L. SMITH
STREET ADDRESS 5460 32ND AVE SW
CITY-ST-ZIP NAPLES FL 34116

TITLE VPD ☐ DELETE
NAME SMITH, DAVID L
STREET ADDRESS 5460 32ND AVENUE S.W.
CITY-ST-ZIP NAPLES FL 34116

TITLE VP ☐ DELETE
NAME JOHN H. VASSEUR
STREET ADDRESS 1840 WASHBURN AVE SW
CITY-ST-ZIP NAPLES FL 34117

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Francis, Bill
645 Squire CT
NAPLES, FL 34104

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED Smith

Date

Daytime Phone #

1/15/99

941 353-2487

CR2E037 (11/98)