

DOCUMENT # N06627

1. Entity Name
THE AMERICAN LEGION POST 247, INC.

Principal Place of Business Mailing Address
5460 32ND AVE SW 5460 32ND AVE SW
NAPLES FL 34116 NAPLES FL 34116
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90083 030 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2588004** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DAVID L. SMITH
5460 32ND SW
NAPLES FL 34116

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW:
FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FRANCIS, BILL	
STREET ADDRESS	645 SQ. CT.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DAVID L. SMITH	
STREET ADDRESS	5460 32ND AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SMITH, DAVID L.	
STREET ADDRESS	5460 32ND AVENUE S.W.	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHN H. VASSEUR	
STREET ADDRESS	1840 WASHBURN AVE SW	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John H Vasseur	
STREET ADDRESS	1840 Washburn Av SW	
CITY-ST-ZIP	Naples, FL 34117	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ed Sneed	
STREET ADDRESS	5015 MAhogany Ridge Dr	
CITY-ST-ZIP	Naples, FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature Required Smith Date: 01-07-01 Daytime Phone #: 941 353 2487
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR