

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 30 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12751** (6)

1. Corporation Name

AMERICAN LEGION POST NO 288, INC.



Principal Place of Business 399 NW 17 AVENUE BOYNTON BEACH FL 33435	Mailing Address 399 NW 17 AVENUE BOYNTON BEACH FL 33435
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3. Date Incorporated or Qualified 12/20/1985	
4. FEI Number 59-2589249	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1017 N.E. Railroad Ave Suite, Apt. #, etc.	2a. Mailing Address 26 1017 N.E. Railroad Ave Suite, Apt. #, etc.		
22 City & State 23 Boynton Bch FL	27 City & State 28 Boynton Bch FL		
24 Zip 33435	25 Country PB	29 Zip 33435	30 Country PB

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CENTOLA, DAVID D 125 HYPOLEX ROAD LANTANA FL 33462	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASHINGTON, KARL	1.2 NAME	
STREET ADDRESS	1017 NE R.R. AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYWOOD, WALTER	2.2 NAME	
STREET ADDRESS	305 NW 11TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, SYLVESTER	3.2 NAME	
STREET ADDRESS	241 NE 13TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, ROBERT	4.2 NAME	
STREET ADDRESS	123 NW 3RD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, WILLIE	5.2 NAME	
STREET ADDRESS	131 NW 13TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, GEORGE	6.2 NAME	
STREET ADDRESS	111 NE 11TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL	6.4 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.

SIGNATURE: *Frank D. Schubert* 21 July 98

CR2E037 (10/97)