Applied For

Not Applicable

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N12751

1. Corporation Name

AMERICAN LEGION POST NO 288, INC.

Principal Place of Business	Mailing Address				
1017 NE RAILROAD AVE BOYNTON BEACH FL 33435 US	1017 NE RAILROAD AVE BOYNTON BEACH FL 33435 US				
Principal Place of Business 1	2a. Mailing Address 26				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				

3. Date Incorporated or Qualifed

12/20/1985 4. FEI Number

59-2589249

FILED

Secretary of State

02-16-1999 90023 007 ****61.25

23	City & State	28	City & State		5 Certificate of Status Desired					
24	Zip Country	29	Zip Cou	ntry	79 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
** ₁	9. Name and Address of Current I	Regi		10. Name and Address of New Registered Agent						
				81	1 Name					
125 HYPOLUXO ROAD		82 Street Address (P.O. Box Number is Not Acceptable)								
		83								
				84	4 City FL 85 Zip Code					
	, .									

1. 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		ALOTE T	· · · · · · · · · · · · · · · · · · ·		DATE		
40	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	egistered Agent signature required when reinstating) OATE 13. ADDITIONS/CHANGES TO OFFICERS AND E		ND DIRECTOR	DIRECTORS IN 12	
12.	OFFICERS AND DIRECTORS		····		OLO TO OTTIOLINO?		Addition
TITLE	DP U	DELETE	1,1 TITLE	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	. *	Change	☐ 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	DELETE	2.1 TITLE			☐ Change	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	<u> </u>			
TITLE	D	DELETE	3.1 TITLE			Change	☐ 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		DELETE	4.1 TITLE			Change	☐ Addition
NAME ,	DANIEL, ROBERT		4. 2 NAME		, <u>, , , , , , , , , , , , , , , , , , </u>		
STREET ADDRESS	123 NW 3RD AVENUE		4.3 STREET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		44 CITY-ST-ZIP		<u> (j. 1865)</u> <u>(j. 1865)</u>		717 61
TITLE	D	DELETE	5.1 TITLE		•	Change	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		<u></u>	<u> </u>	
TITLE	D	DELETE	6.1 TITLE			☐ Change	☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V21/99 732-8703

CR2E037 (11/98)