

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR - 7 PM 1: 52

DOCUMENT # **N16688** (6)

1. Corporation Name
SOUTH VENICE AMERICAN LEGION POST #337, INC.

Principal Place of Business Mailing Address
POST OFFICE BOX 3249 VENICE FL 34293 POST OFFICE BOX 3249 VENICE FL 34293

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/08/1986	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2697603	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
**BAHRET, ED.
1137 QUEEN ROAD
VENICE FL 34293-1836**

10. Name and Address of New Registered Agent

81 Name GAUGLER, EARL
82 Street Address (P.O. Box Number is Not Acceptable) 779 VIVIENDA South Ct
83 City VENICE
84 City VENICE FL 85 Zip Code 34293

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **EARL GAUGLER** *Earl Gaugler* DATE **2/28/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME GAUGLER, EARL
STREET ADDRESS 779 VIVIENDA SOUTH CT.	CITY - ST - ZIP VENICE FL
TITLE DP	NAME HOFFMANN, JACK
STREET ADDRESS 821 POLARIS RD.	CITY - ST - ZIP VENICE FL
TITLE D	NAME BREWSTER, CHARLES
STREET ADDRESS 3329 BONITA DRIVE	CITY - ST - ZIP VENICE FL
TITLE D	NAME BAHRET, ED.
STREET ADDRESS 1137 QUEEN RD	CITY - ST - ZIP VENICE FL
TITLE VT	NAME MANN, EDWARD
STREET ADDRESS 1800 ENGLEWOOD RD.	CITY - ST - ZIP ENGLEWOOD FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME GAUGLER, EARL	
1.3 STREET ADDRESS 779 VIVIENDA South Ct.	
1.4 CITY - ST - ZIP VENICE, FL. 34293	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP 34293	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME MIKE BAEMUS	
4.3 STREET ADDRESS 31 TIFFANY	
4.4 CITY - ST - ZIP ENGLEWOOD, FL. 34223	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Dom Scotti	
5.3 STREET ADDRESS 1500 LAKEside Dr.	
5.4 CITY - ST - ZIP VENICE, FL. 34293	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an amendment with an address.

SIGNATURE: *Earl Gaugler* **2/28/95** unlisted
SIGNATURE AND TYPED OR PRINTED NAME OF FINANCING OFFICER OR DIRECTOR (Date)