

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N16688 (6)**

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



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

3. Date Incorporated or Qualified: **09/08/1986**  
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business: **21 Venice, Fl.**  
22 Suite, Apt. #, etc.  
23 City & State: **Venice, Fl.**  
24 Zip: **34293** 25 Country: **USA**  
26 Mailing Address: **P.O. Box 3249**  
27 Suite, Apt. #, etc.  
28 City & State: **Venice, Fl.**  
29 Zip: **34293** 30 Country: **USA**

4. FEI Number: **59-2697603**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**GAUGLER, EARL  
779 VIVIENDA SOUTH CT  
VENICE FL 34293**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

*CURRENT ADDRESS SAME*

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: *Earl Gaugler*

*2/27/96*

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GAUGLER, EARL</b>	1.2 NAME	
STREET ADDRESS	<b>779 VIVIENDA SOUTH CT.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOFFMANN, JACK</b>	2.2 NAME	
STREET ADDRESS	<b>821 POLARIS RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREWSTER, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>3329 BONITA DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREMUS, MIKE</b>	4.2 NAME	
STREET ADDRESS	<b>31 TIFFANY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ENGLEWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCUTTI, DOM</b>	5.2 NAME	
STREET ADDRESS	<b>1500 LAKESIDE DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VENICE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Earl Gaugler*

*2/27/96 941-497-2100*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)