

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

95 FEB 17 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16930 (2)

1. Corporation Name

THE AMERICAN LEGION HAROLD JOHNS POST 62, DEPART
MENT OF FLORIDA, INC.

Principal Place of Business

Mailing Address

319 STYPMANN BLVD.
STUART FL 34994-2238
US

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STUART FL 34994-2238
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1986

3a. Date of Last Report

04/11/1994

4. FEI Number

59-2352040

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSILVIO, NICHOLAS
2950 S.E. OCEAN BLVD.
BLDG. 42, APT. 6
STUART FL 34996

81 Name

NETHERS, JOHN W.

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

270 S.W. SOUTH RIVER DR. - #102

83

84 City

STUART

FL

85 Zip Code

34997

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

John W. Nethers (D)

2-14-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	NETHERS, JOHN W
STREET ADDRESS	270 SW SOUTH RIVER DR
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	PECK, BOB
STREET ADDRESS	534 RIVERVIEW DR.
CITY-ST-ZIP	STUART FL
TITLE	D
NAME	CONSILVIO, NICHOLAS
STREET ADDRESS	2950 SE OCEAN, BLDG.42, #6
CITY-ST-ZIP	STUART FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	D
3.3 STREET ADDRESS	HALLIGAN, JOHN L. JR.
3.4 CITY-ST-ZIP	5341 S.E. CELESTIAL CIR. STUART, FL 34997
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

John W. Nethers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-95

Date

4012-286-7160

Telephone Number