

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90189 049 ****61.25

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DOCUMENT # N16930

1. Corporation Name

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

Principal Place of Business

319 STYPMANN BLVD.
STUART FL 34994-2238
US

Mailing Address

319 STYPMANN BLVD.
STUART FL 34994-2238
US

100012 - 90103 - 43



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

09/22/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2352040

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NETHERS, JOHN W
270 SW SOUTH RIVER DR
#102
STUART FL 34997**

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

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 ☐ DELETE
NAME **D**
STREET ADDRESS **NETHERS, JOHN W**
CITY-ST-ZIP **270 SW SOUTH RIVER DR**
STUART FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PECK, BOB**
CITY-ST-ZIP **534 RIVERVIEW DR.**
STUART FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **ANDERSON, JOSEPH P**
CITY-ST-ZIP **1722 SW WATERFALL BLVD**
PALM CITY FL 34990

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **DAVIS, JAMES W**
CITY-ST-ZIP **1300 STARFISH LN**
STUART FL 34996

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **NOLAN, TERENCE E**
CITY-ST-ZIP **1240 STARFISH LN**
STUART FL 34996

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-18-99

(561) 355-7100

Date

Daytime Phone #

CR2E037 (1/1/98)