

FILE NOW: FILING FEE IS \$61:25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N22877** (7)

1. Corporation Name

AMERICAN LEGION POST #95, INC.

Principal Place of Business

Mailing Address

**136 E WALL ST
FROSTPROOF FL 33843
US**

**P.O. BOX 357
FROSTPROOF FL 33843-0357**



3. Date Incorporated or Qualified **10/07/1987** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 **136 E. WALL ST**

26 **P.O. Box 357**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **FROSTPROOF, FLA**

28 **FROSTPROOF FLA**

Zip **33843**

County **PUCK**

Zip **33843**

Country **PUCK**

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JAQUES, WILLIAM A.
136 E. WALL ST.
FROSTPROOF FL 33843**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, MARTIN E.	
STREET ADDRESS	120 BABSON DR. (PO BOX 342)	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	HASTINGS, KENNETH W.	
STREET ADDRESS	590 W. H ST.	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	DF	<input type="checkbox"/> DELETE
NAME	JAQUES, WILLIAM A.	
STREET ADDRESS	343 W. B STREET (PO BOX 357)	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, GUSSIE JR.	
STREET ADDRESS	325 W. WALL ST. (PO BOX 211)	
CITY-ST-ZIP	FROSTPROOF FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE:

William A. Jaques
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0053665**

CR2E037 (9/96)