


FILE NOW: FILING FEE IS \$61.25

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Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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 <b>136 E. WALL ST FROSTPROOF FL 33843 US</b>	Mailing Address <b>P.O. BOX 357 FROSTPROOF FL 33843 US</b>
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3. Date Incorporated or Qualified <b>10/07/1987</b>
4. FEI Number <b>59-2360714</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business <b>21 136 E. WALL ST</b>	2a. Mailing Address <b>26 P.O. Box 357</b>
Suite, Apt. #, etc. <b>22 P.O. Box 357</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23 FROSTPROOF, FL 33843</b>	City & State <b>28 FROSTPROOF, FLA</b>
Zip <b>24 33843</b>	Country <b>29 33843</b>
Country <b>25 POLK</b>	Country <b>30 POLK</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>JACQUES, WILLIAM A. 136 E. WALL ST. FROSTPROOF FL 33843</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City
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 Jacques (NOTE: Registered Agent signature required when reinstating) DATE 1/28/98

12. OFFICERS AND DIRECTORS	
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WILLIAMSON, MARTIN E.</b>	
STREET ADDRESS <b>120 BABSON DR. (PO BOX 342)</b>	<b>(DECEASED)</b>
CITY-ST-ZIP <b>LAKE WALES FL</b>	
TITLE <b>AD ADJUTANT</b>	<input type="checkbox"/> DELETE
NAME <b>HASTINGS, KENNETH W.</b>	<b>(DIRECTOR)</b>
STREET ADDRESS <b>500 W. H ST.</b>	
CITY-ST-ZIP <b>FROSTPROOF FL 33843</b>	
TITLE <b>DF FINANCE</b>	<input type="checkbox"/> DELETE
NAME <b>JACQUES, WILLIAM A.</b>	<b>(DIRECTOR)</b>
STREET ADDRESS <b>343 W. B STREET (PO BOX 357)</b>	
CITY-ST-ZIP <b>FROSTPROOF FL 33843</b>	
TITLE <b>D COMMANDER</b>	<input type="checkbox"/> DELETE
NAME <b>SULLIVAN, GUSSIE JR.</b>	
STREET ADDRESS <b>325 W. WALL ST. (PO BOX 211)</b>	
CITY-ST-ZIP <b>FROSTPROOF FL 33843</b>	
TITLE <b>SGT AT ARMS</b>	<input type="checkbox"/> DELETE
NAME <b>JOHN DROWN</b>	
STREET ADDRESS <b>2000 MCCELLAN RD</b>	
CITY-ST-ZIP <b>FROSTPROOF, FLA 33843</b>	
TITLE <b>SERVICE OFFICER</b>	<input type="checkbox"/> DELETE
NAME <b>GLEN J. SEHLAR</b>	<b>(DIRECTOR)</b>
STREET ADDRESS <b>PO BOX 34</b>	
CITY-ST-ZIP <b>BABSON PARK, FLA 33827</b>	

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 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 Jacques 1/28/98 945-3141

CR2E037 (10/97)