

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N22877 ✓

I. Corporation Name

AMERICAN LEGION POST #95, INC.

Principal Place of Business

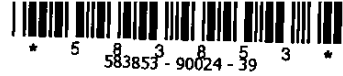
136 E WALL ST
P.O. BOX 357
FROSTPROOF FL 33843
US

Mailing Address

P.O. BOX 357
FROSTPROOF FL 33843
US

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90024 039 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 FROSTPROOF		26 P.O. BOX 357		10/07/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-2360714	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3 FROSTPROOF, FLA		28 FROSTPROOF FLA		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4 33843		25 33843		30 POLK	

9. Name and Address of Current Registered Agent

JACQUES, WILLIAM A.
136 E. WALL ST.
FROSTPROOF FL 33843

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JOHN	1.2 NAME	
STREET ADDRESS	2000 MCCLILLAN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASTINGS, KENNETH W.	2.2 NAME	
STREET ADDRESS	590 W. H ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUES, WILLIAM A.	3.2 NAME	
STREET ADDRESS	343 W. B STREET (PO BOX 357)	3.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33843	3.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, GUSSIE JR.	4.2 NAME	
STREET ADDRESS	325 W. WALL ST. (PO BOX 211)	4.3 STREET ADDRESS	
CITY-ST-ZIP	FROSTPROOF FL 33483	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHLABB, GLENN	5.2 NAME	
STREET ADDRESS	P.O. BOX 54 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BABSON PARK FL 33827	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 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

W. JACQUES E.O. 941
635-3141

Date

Daytime Phone #

CR2E037 (5/99)