


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34046** (5)
1. Corporation Name
AMERICAN LEGION POST 171, ROBERT L. COLEMAN, INC



Principal Place of Business 1814 NORTH 21ST STREET FT. PIERCE FL 34950	Mailing Address P.O. BOX 1791 FORT PIERCE FL 34954
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3. Date Incorporated or Qualified 09/01/1989	4. FEI Number 59-6200409	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JAMES A. WILLIAMS 4007 AVE M FT. PIERCE FL 34947
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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
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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 *James A. Williams, Commander* 4-30-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	HINES, FRANK
STREET ADDRESS	1807 NORTH 15TH STREET
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	JACKSON, EDWARD L.
STREET ADDRESS	111 NW LIMA COURT
CITY-ST-ZIP	FT. PIERCE FL 34983
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CLAYTON, HENRY
STREET ADDRESS	1901 N. 35TH ST.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, IHOU
STREET ADDRESS	2302 AVE. "O"
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	MCOLLEY, DENNIS
STREET ADDRESS	P.O. BOX 12136
CITY-ST-ZIP	FT. PIERCE FL
TITLE	<input type="checkbox"/> DELETE
NAME	STEVENS, JOHN
STREET ADDRESS	203 N. 27TH STREET
CITY-ST-ZIP	FT. PIERCE FL

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 checked="" type="checkbox"/> Addition
3.2 NAME	LORENZO JACKSON
3.3 STREET ADDRESS	2402 AVE. I
3.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM A ROLLE JR
4.3 STREET ADDRESS	1286 SW MAPLEWOOD DR.
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
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.

CR2E037 (10/97)