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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37152 (8)**

1. Corporation Name

**ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMER
ICAN LEGION, DEPARTMENT OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O RICHARD D CAMPBELL
4800 PALM BEACH BLVD
FT MYERS FL 33905
US**

**C/O RICHARD D CAMPBELL
4800 PALM BEACH BLVD
FT MYERS FL 33905-3262
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1990		3a. Date of Last Report 04/18/1996	
21		26		4. FEI Number 65-0178748		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, RICHARD D
4800 PALM BEACH BLVD
FT MYERS FL 33905**

81 Name DAVE DOTY
82 Street Address (P.O. Box Number is Not Acceptable)
2213 RANDOLPH DR
83
84 City FORT MYERS FL 85 Zip Code 33905

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

DAVE DOTY

3/12/97

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	PD CAMPBELL, RICHARD D 4800 PALM BEACH BLVD FT MYERS FL 33905 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD DAVE DOTY 2213 RANDOLPH DR FORT MYERS FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD OWEN, ROBERT 4800 PALM BEACH BLVD FT. MYERS FL 33905 <input type="checkbox"/> DELETE	1.2 NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D ST JEAN, PHIL 4800 PALM BEACH BLVD FT MEYRS FL 33905 <input type="checkbox"/> DELETE	1.3 STREET ADDRESS	2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D PETERS, LARRY 399 S. BUELL DR. TICE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD GILLESPIE, CHUCK 4800 PALM BEACH BLVD N. FT MYERS FL 33905 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D TOM MARINEL 4800 PALM BEACH BLVD FORT MYERS FL 33905 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WATSON, DONLAD W 4800 PALM BEACH BLVD FT MYERS FL 33905 <input checked="" type="checkbox"/> DELETE	4.2 NAME	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.4 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:

DAVE DOTY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/97

Date

941-693-0351

Daytime Phone # **0056096**

CR2E037 (9/96)