FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

(8)

ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMER

ICAN LEGION, DEPARTMENT OF FLORIDA, INC.										
Principal Place of Business				Mailing Address					II OIDII DEBEL FIDEF	DIAN DIDN NON
C/O RICHARD D CAMPBELL 4800 PALM BEACH BLVD FT MYERS FL 33905 US			480 FT	C/O RICHARD D CAMPBELL 4800 PALM BEACH BLVD FT MYERS FL 33905				3. Date Incorporated or Qualified 03/20/1990 4. FEI Number	1 1/2	Applied For
US			US	i				65-0178748		Not Applicable
2. Principal Place of Business				2a. Mailing Address				5. Certificate of Status Desired		Additional
21			26					a. Certificate of Status Desired		Required
Suite, Apt.	#, etc.		<u></u>	Suite, Apt. #, etc.				6. Election Campaign Financing		May Be
22 City & State				City & State				Trust Fund Contribution		to Fees
23			28	28				7. Is this nonprofit corporation a homeowners association?		
Zip Country				Zip Country			•	8. This corporation owes or has paid the current year intangible		
24		25	29		30			Personal Property Tax due June 30.	☐ Yes	□Ño
	9, Name	and Address of Cu	rrent Regis	tered Agent				10. Name and Address of New Register	ed Agent	
						81	Name			
DOTY, DAVE					Ì	62	Street Addr	ess (P.O. Box Number is Not Acceptable)		
2213 RANDOLPH DR FT MYERS FL 33905					ŀ	83			· 	
	NO 1 L 909	55			ļ					
!						84	City	F	-L 85 Zip	Code
11. Pursuant office or ragent. I a	to the provis egistered aç m familiar w	ions of Sections 617. gent, or both, in the S ith, and accept the o	.0502 and 6 state of Floric bligations of	17.1508, Florida Statu da. Such change was f, Section 617.0503, F	ites, the at authorized lorida Stati	ove by utes	e-named corp the corporat	oration submits this statement for the purposion's board of directors. I hereby accept the		its registered s registered
SIGNATURE										
10	Signature, typed	or printed name of registered				Age	nt signature requir	ed when reinstating) DAT		
12.	PD	OFFICERS	AND DIREC	TORS DELETE	13. 1.1 T/J	16		ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTO Change	RS IN 12
NAME	DOTY, I	DAVE		3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1.2 NA				Onlings	LI Addition
STREET ADDRESS				1.3 STREET ADDRESS			ADDRESS			
CITY-ST-ZIP	FT MYE				1.4 CIT					
TITLE	VD			DELETE	2.1 TIT				☐ Change	Addition
NAME	OWEN, ROBERT				2.2 NAME					
STREET ADDRESS 4800 PALM BEACH BLVD					2.3 ST	REET	ADDRESS			
CITY-ST-ZIP		ERS FL 33905		Lotiere	2. 4 CF		ST-ZIP			
TITLE	D OT MEAL	AI DLM		☐ DELETE	3.1 TIT				Change	Addition
NAME STREET ADDRESS	ST JEAI	N, PHIL NUM BEAHC BLVD			3.2 NA	•	4000000			
CITY-ST-ZIP		RS FL 33905			3.3 S18		ADDRESS			
TITLE	D	110 1 1 00000		☐ DELETE	4.1 Titl			D	X Change	Addition
NAME	MARINE	L TOM			4. 2 NA		- m	om Marinel/	223 ***********************************	
STREET ADDRESS		ALM BEACH BLVD			4.3 STF	EET.		800 Palm Beach Blvd		
CITY-ST-ZIP	FT MYE	RS FL			4.4 CIT	Y- 51	<u>1-ZIP</u> F	ort Myers Fl		
TITLE	TD			☐ DELETE	5.1 111	LE			Change	Addition
NAME	MATSO				5.2 NA	ME				
STREET ADDRESS		LAWARE RD			5.3 STF	REET	ADDRESS			
CITY-ST-ZIP		ACRES FL			5.4 CIT		T-21P			
TITLE	SD			☐ DELETE	6.1 TITI				Change	☐ Addition
NAME		IT, LARRY			6.2 NAI					
STREET ADDRESS		TRON RD					ADDRESS			j
CITY-ST-ZIP	FT MYE	<i>R</i> S FL			6.4 CIT	V . ST	T_71D			

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:

941-693-0351

FILED

Mar 24 1998 8:00am

Secretary of State