


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90079 011 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N37152</b>					
1. Corporation Name <b>ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.</b>					
Principal Place of Business <b>C/O RICHARD D CAMPBELL          4800 PALM BEACH BLVD          FT MYERS FL 33905          US</b>			Mailing Address <b>C/O RICHARD D CAMPBELL          4800 PALM BEACH BLVD          FT MYERS FL 33905          US</b>		
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		3. Date Incorporated or Qualified <b>03/20/1990</b> 4. FEI Number <b>65-0178748</b> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
9. Name and Address of Current Registered Agent <b>DOTY, DAVE          2213 RANDOLPH DR          FT MYERS FL 33905</b>			10. Name and Address of New Registered Agent 81 Name <b>RICHARD D CAMPBELL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4800 PALM BEACH BLVD</b> 83 <b>FORT MYERS, FL. 33905</b> 84 City <b>FL</b> 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 <i>Richard D Campbell</i> DATE <i>1/15/99</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME <b>VD OWEN, ROBERT</b> STREET ADDRESS <b>4800 PALM BEACH BLVD</b> CITY-ST-ZIP <b>FT. MYERS FL 33905</b>			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>T/D Robert Martin</b> 1.3 STREET ADDRESS <b>11591 Orange River Blvd</b> 1.4 CITY-ST-ZIP <b>Fort Myers Fl. 33905</b>		
TITLE <input type="checkbox"/> DELETE NAME <b>D ST JEAN, PHIL</b> STREET ADDRESS <b>4800 PALM BEACH BLVD</b> CITY-ST-ZIP <b>FT MEYRS FL 33905</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>PD TOM MARINELL</b> STREET ADDRESS <b>4800 PALM BEACH BLVD</b> CITY-ST-ZIP <b>FT MYERS FL</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> DELETE NAME <b>TD MATSON, DON</b> STREET ADDRESS <b>334 DELAWARE RD</b> CITY-ST-ZIP <b>LEHIGH ACRES FL</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME <b>SD BENNETT, LARRY</b> STREET ADDRESS <b>1437 BYRON RD</b> CITY-ST-ZIP <b>FT MYERS FL</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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, with all other like empowered.

SIGNATURE: *Robert Martin* Treasurer  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

941-693-0351

Daytime Phone #

CR2E037 (11/98)