

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

03-14-2006 90014 024 ****61.24
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1st MOORE CR2E037 (10/05)

DOCUMENT #N37152
1. Entity Name
ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.



Principal Place of Business: **4800 PALM BEACH BLVD FT MYERS FL 33905 US**
Mailing Address: **4800 PALM BEACH BLVD FT MYERS FL 33905 US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **65-0178748** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: **CHARLES, HOPKINS M 4800 PALM BEACH BLVD FT MYERS FL 33905**
7. Name and Address of New Registered Agent: Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: *Charles M Hopkins* Charles M. Hopkins, Vice President March 2, 2006
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. Election Campaign Financing: \$5.00 May Be Added to Fees
10. FILE NOW: FEE IS \$61.25 Due By May 1, 2006
11. Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: DT NAME: ZOLADEK, MARION STREET ADDRESS: 4800 PALM BEACH BLVD CITY-ST-ZIP: FT. MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE: DT NAME: Warburton, Donald E. STREET ADDRESS: 4800 Palm Beach Blvd. CITY-ST-ZIP: Ft. Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: OWEN, BOB STREET ADDRESS: 4800 PALM BEACH BLVD CITY-ST-ZIP: FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE: DV NAME: Hopkins, Charles M. STREET ADDRESS: 4800 Palm Beach Blvd. CITY-ST-ZIP: Ft. Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP NAME: HOPKINS, CHARLES M STREET ADDRESS: 4800 PALM BEACH BLVD CITY-ST-ZIP: FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE: DP NAME: Ebling, John S. STREET ADDRESS: 4800 Palm Beach Blvd. CITY-ST-ZIP: Ft. Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: DOTY, DAVID STREET ADDRESS: 4800 PALM BEACH BLVD CITY-ST-ZIP: FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: Urban, Stephen E., Jr. STREET ADDRESS: 4800 Palm Beach Blvd. CITY-ST-ZIP: Ft. Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: CAMPBELL, RICHARD D STREET ADDRESS: 4800 PALM BEACH BLVD CITY-ST-ZIP: FORT MYERS FL 33905	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: Fenlon, John STREET ADDRESS: 4800 Palm Beach Blvd. CITY-ST-ZIP: Ft. Myers, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *Charles M Hopkins* Charles M. Hopkins, Vice Pres. March 2, 2006 239-693-0351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #