

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44075** (2)

1. Corporation Name

**ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION,
INCORPORATED**

Principal Place of Business

**5610 W. JUNIOR COLLEGE RD.
KEY WEST FL 33040**

Mailing Address

**5610 W. JUNIOR COLLEGE RD.
KEY WEST FL 33040**

**500001789435
-04/22/96--01089--033**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date of Last Report or Qualified
06/27/1991

3a. Date of Last Report
02/16/1995

4. FEI Number

59-6200885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GRIFFIN, JAMES E.
5610 COLLEGE ROAD
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

MANUEL JIMENEZ

82 Street Address (P.O. Box Number is Not Acceptable)

905 17TH STREET

83

84 City

KEY WEST

FL

85 Zip Code

33040

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

Manuel Jimenez

Manuel Jimenez

3/19/96

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

**CD
SMALLENBURG, KATHRYN
H16 MIRIAM ST.
KEY WEST FL**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**VC
ENOS, GERALD V.
8 MACAW LANE
KEY WEST FL 33040**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**FO D
JIMENEZ, MANUEL A
905 17TH STREET
KEY WEST FL 33040**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**A
GRIFFIN, JAMES E.
823 WHITE ST.
KEY WEST FL**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**CD
PETERS, DON
P.O. BOX 430482 NA
BIG PINE KEY FL 33043-0482**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

**D
KELLY, HELLEN
RR 1, BOX 720A, N/A
BIG PINE KEY FL**

☒ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

COMMANDER, D

☒ Change

☐ Addition

1.2 NAME

MANUEL JIMENEZ

1.3 STREET ADDRESS

905 17TH STREET

1.4 CITY-ST-ZIP

KEY WEST, FL 33040

☒ Change

☐ Addition

2.1 TITLE

VICE COMMANDER, D

2.2 NAME

JERRY WILLIAMS

2.3 STREET ADDRESS

31 CACTUS DR.

2.4 CITY-ST-ZIP

KEY WEST, FL 33040

☒ Change

☐ Addition

3.1 TITLE

VICE COMMANDER, D

3.2 NAME

GERALD ENOS

3.3 STREET ADDRESS

8 MACAW LANE

3.4 CITY-ST-ZIP

KEY WEST, FL 33040

☒ Change

☐ Addition

4.1 TITLE

COMMITTEEPERSON

4.2 NAME

DELORES DEMBLOWSKI

4.3 STREET ADDRESS

1000 17th St.

4.4 CITY-ST-ZIP

Key West, FL 33040

☒ Change

☐ Addition

5.1 TITLE

COMMITTEEPERSON

5.2 NAME

HELEN FABAL

5.3 STREET ADDRESS

1000 17th St.

5.4 CITY-ST-ZIP

Key West, FL 33040

☒ Change

☐ Addition

6.1 TITLE

JUDGE ADVOCATE

6.2 NAME

RICK TRIBBLE

6.3 STREET ADDRESS

1517 DENNIS STREET

6.4 CITY-ST-ZIP

KEY WEST, FL 33040

☒ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Manuel Jimenez* **MANUEL JIMENEZ**

2/26/96

294-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone

CR2E037 (12/95)