

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		2a. Mailing Address		3. Date Established or Qualified	3a. Date of Last Report
21		26		06/27/1991	02/16/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		59-6200885	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
21				81 Name	
22				82 Street Address (P.O. Box Number is Not Acceptable)	
23				83	
24				84 City	
25				85 Zip Code	
26				86	
27				87	
28				88	
29				89	
30				90	

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

MANUEL JIMENEZ

905 17TH STREET

KEY WEST

FL

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 Manual Jimenez 3/19/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	COMMANDER, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALLENBURG, KATHRYN	1.2 NAME	MANUEL JIMENEZ
STREET ADDRESS	H16 MIRIAM ST.	1.3 STREET ADDRESS	905 17TH STREET
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	VC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE COMMANDER, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENOS, GERALD V.	2.2 NAME	JERRY WILLIAMS
STREET ADDRESS	8 MACAW LANE	2.3 STREET ADDRESS	31 CACTUS DR.
CITY-ST-ZIP	KEY WEST FL 33040	2.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	FO D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VICE COMMANDER, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIMENEZ, MANUEL A	3.2 NAME	GERALD ENOS
STREET ADDRESS	905 17TH STREET	3.3 STREET ADDRESS	8 MACAW LANE
CITY-ST-ZIP	KEY WEST FL 33040	3.4 CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	A <input checked="" type="checkbox"/> DELETE	4.1 TITLE	COMMITTEEPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, JAMES E.	4.2 NAME	DELORES DEMBLOWSKI
STREET ADDRESS	823 WHITE ST.	4.3 STREET ADDRESS	1000 17th St.
CITY-ST-ZIP	KEY WEST FL	4.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	CD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	COMMITTEEPERSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, DON	5.2 NAME	HELEN FABAL
STREET ADDRESS	P.O. BOX 430482 NA	5.3 STREET ADDRESS	1000 17th St.
CITY-ST-ZIP	BIG PINE KEY FL 33043-0482	5.4 CITY-ST-ZIP	Key West, FL 33040
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	JUDGE ADVOCATE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, HELLEN	6.2 NAME	RICK TRIBBLE
STREET ADDRESS	RR 1, BOX 720A, N/A	6.3 STREET ADDRESS	1517 DENNIS STREET
CITY-ST-ZIP	BIG PINE KEY FL	6.4 CITY-ST-ZIP	KEY WEST, FL 33040

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 2/26/96 794-7117 DATE De/line Phone #

CR2E037 (12/95)