


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44075** (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1991

3a. Date of Last Report

04/22/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

23. City & State

24 Zip **25** Country

27. City & State

28 Zip **29** Country **30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Melvin FRUTH

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

415 Cactus Drive

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 **Melvin Fruth, Commander**

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

(NOTE: Registered Agent signature required when reinstating)

8-22-97
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WILLIAMS, JERRY**
STREET ADDRESS **31 CACTUS DR.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **VCD** ☐ DELETE

NAME **ENOS, GERALD V.**
STREET ADDRESS **8 MACAW LANE**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **CD** ☐ DELETE

NAME **JIMENEZ, MANUEL A**
STREET ADDRESS **905 17TH STREET**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **CP** ☐ DELETE

NAME **DEMBLOWSKI, DOLORES**
STREET ADDRESS **1000 17TH ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **CP** ☐ DELETE

NAME **FABAL, HELEN**
STREET ADDRESS **1000 17TH ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE **JA** ☐ DELETE

NAME **TRIBBLE, RICK**
STREET ADDRESS **1517 DENNIS ST.**
CITY-ST-ZIP **KEY WEST FL 33040**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **Larry Francisco**
1.3 STREET ADDRESS **1042 Mitscher Dr.**
1.4 CITY-ST-ZIP **Key West, FL 33040**

2.1 TITLE **VCD** ☒ Change ☐ Addition

2.2 NAME **Jose Fernandez**
2.3 STREET ADDRESS **1624 Josephine St.**
2.4 CITY-ST-ZIP **Key West, FL 33040**

3.1 TITLE **CD** ☒ Change ☐ Addition

3.2 NAME **Scott Soroco**
3.3 STREET ADDRESS **1901 S Roosevelt Blvd, 209W**
3.4 CITY-ST-ZIP **Key West, FL 33040**

4.1 TITLE **CP** ☒ Change ☐ Addition

4.2 NAME **Manuel Jimenez**
4.3 STREET ADDRESS **905 17th Street**
4.4 CITY-ST-ZIP **Key West, FL 33040**

5.1 TITLE **CP** ☒ Change ☐ Addition

5.2 NAME **James Griffin**
5.3 STREET ADDRESS **823 White Street**
5.4 CITY-ST-ZIP **Key West, FL 33040**

6.1 TITLE **CP** ☒ Change ☐ Addition

6.2 NAME **Kathryn Smallenburg**
6.3 STREET ADDRESS **823 White Street**
6.4 CITY-ST-ZIP **Key West, FL 33040**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE **[Signature]** REQUIRED

8/20/97 355-1911-2117

CR2E037 (4/97)