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May 10, 1999 8:00 am
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05-10-1999 90148 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N44075

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	5610 W. JUNIOR COLLEGE RD. KEY WEST FL 33040

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/27/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6200885 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FRUTH, MELVIN
415 CACTUS DR
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FRANCISCO, LARRY		1.2 NAME		
STREET ADDRESS	1042 MITSCHER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JOSE		2.2 NAME		
STREET ADDRESS	1624 JOSEPHINE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SORACCO, SCOTT		3.2 NAME		
STREET ADDRESS	2901 S ROOSEVELT BLVD SUITE 209 W		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		3.4 CITY-ST-ZIP		
TITLE	CP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JIMENEZ, MANUEL		4.2 NAME		
STREET ADDRESS	905 17TH ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		4.4 CITY-ST-ZIP		
TITLE	CP	☒ DELETE	5.1 TITLE	CP Phil Rushing	☒ Change ☒ Addition
NAME	GRIFFIN, JAMES		5.2 NAME	3700 N Roosevelt Blvd	
STREET ADDRESS	823 WHITE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		5.4 CITY-ST-ZIP	Key West Fla 33040	
TITLE	CP	☒ DELETE	6.1 TITLE	CP	☒ Change ☒ Addition
NAME	SMALLENBURG, KATHRYN		6.2 NAME	Douglas Smith	
STREET ADDRESS	823 WHITE ST		6.3 STREET ADDRESS	5 Ed Swift Road	
CITY-ST-ZIP	KEY WEST FL		6.4 CITY-ST-ZIP	Key West Fla 33040	

CR2E037 (11/98)

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: [signature] MELVIN FRUTH 5-5-99 305-2947117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #