

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 12 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # N93000003381 (1)

1. Corporation Name

BOCA RATON POST 277, THE AMERICAN LEGION, DEPART
MENT OF FLORIDA, INC.



| | |
|--|---|
| Principal Place of Business | Mailing Address |
| 141 NW 20TH ST SUITE F-3 BOCA RATON FL 33431 US | P.O. BOX 1977 BOCA RATON FL 33429-1977 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 07/27/1993 | 3a. Date of Last Report 05/01/1996 |
|---|---------------------------------------|

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0425830 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|-----------------------------------|

| | |
|--|--------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|--------------------------------|

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|--|
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|

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|--|
| 9. Name and Address of Current Registered Agent |
| LOFF, LONNIE 1170 S.W. 1ST WAY BOCA RATON FL 33486 |

| |
|--|
| 10. Name and Address of New Registered Agent |
| 81 Name GEORGE M. HERVEY |
| 82 Street Address (P.O. Box Number is Not Acceptable) 2799 NW 27TH AVENUE |
| 83 |
| 84 City BOCA RATON |
| 85 Zip Code FL 33434 |

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 GEORGE M. HERVEY George M. Hervey 8-12-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | LOFF, LONNIE |
| STREET ADDRESS | 1170 S.W. 1ST WAY |
| CITY-ST-ZIP | BOCA RATON FL 33486 |
| TITLE | ST TRUSTEE <input type="checkbox"/> DELETE |
| NAME | HERVEY, GEORGE |
| STREET ADDRESS | 2799 N.W. 27TH AVE. |
| CITY-ST-ZIP | BOCA RATON FL 33434 |
| TITLE | D CHAPLAIN <input type="checkbox"/> DELETE |
| NAME | VALCOURT, CAMIL R |
| STREET ADDRESS | 1271 N.W. 13TH ST. |
| CITY-ST-ZIP | BOCA RATON FL 33486 |
| TITLE | D COMMANDER <input type="checkbox"/> DELETE |
| NAME | JONES, LEON E |
| STREET ADDRESS | 2910 BOBOLINK DR |
| CITY-ST-ZIP | DELRAY BEACH FL 33444 |
| TITLE | D VICE COMMANDER <input type="checkbox"/> DELETE |
| NAME | VAN SANT, HENRY |
| STREET ADDRESS | 6580 NORTH DIXIE HWY |
| CITY-ST-ZIP | BOCA RATON FL 33487 |
| TITLE | D VICE COMMANDER <input type="checkbox"/> DELETE |
| NAME | SEIDEN, MARTIN L |
| STREET ADDRESS | 3493 COCOPLUM CIRCLE |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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.

CR2E037 (9/96)