

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

08-26-2002 90066 015 ****61.25

FILED N96000001932

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 29 PM 4:01

DOCUMENT # **N96000001932** Amended
1. Entity Name
**ROBERT H. L. DIABRY Post 192, THE AMERICAN
LEGION, INC.**

DO NOT WRITE IN THIS SPACE

124335

2. Principal Place of Business
3130 MARTIN LUTHER KING DR
Suite, Apt. #, etc.

3. Mailing Address
3130 MARTIN LUTHER KING DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS, FL
Zip
33916
Country
USA

City & State
FORT MYERS, FL
Zip
33916
Country
USA

4. FEI Number
65-0701296

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHARLES E. HENRY SR.

Street Address (P.O. Box Number Not Acceptable)
2980 MEADOW AVE

City
FORT MYERS

FL Zip Code
33901

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
CHARLES E. HENRY SR.
2980 MEADOW AVE.
FT. MYERS, FL. 33901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
JOSEPH TAYLOR JR.
2 CASTLE BAR CIR.
FT MYERS, FL. 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
JOSEPH TAYLOR SR.
35 SW 17TH ST.
CAPE CORAL, FL 33991**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
ROBERT MCCLAIN
3409 15TH ST. W
LEHIGH ACRES, FL.**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

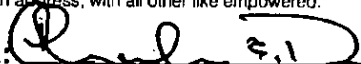
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES E. HENRY SR. 8/21/02 1-334-8091

Date

Daytime Phone #

CR2E037B (12/01)