


FILE NOW: FILING FEE IS \$61.25

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Apr 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000002114 (4) N/C 3/10/97

1. Corporation Name

Arthur R. Lanni Memorial Post 365,  
The American Legion, Department of Florida, Inc.

Principal Place of Business

Mailing Address

C/O VFW POST 7115  
6561 SUNSET STRIP  
SUNRISE FL 33313

C/O VFW POST 7115  
6561 SUNSET STRIP  
SUNRISE FL 33313-2838



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0639038		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, RONALD E  
2034 NW 43RD TERRACE #7  
LAUDERHILL FL 33313

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	200002131912
83		-04/02/97--01119--012
84	City	***61.25 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, RONALD E PC	1.2 NAME	
STREET ADDRESS	2034 NW 43RD TERRACE #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICARD, ERNEST 2ND C	2.2 NAME	
STREET ADDRESS	7827 NW 71ST COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARWICK, LOUIS 1ST C	3.2 NAME	
STREET ADDRESS	2311 NW 63RD TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, FRENCH ADJ	4.2 NAME	
STREET ADDRESS	2340 NW 72ND AVE APT 208	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	M/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANNI, ARTHUR	5.2 NAME	DEMBECKI, HARRY
STREET ADDRESS	5991 NW 14TH STREET	5.3 STREET ADDRESS	11310 SW 12th TERRACE
CITY-ST-ZIP	SUNRISE FL 33313	5.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33326
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, MELVIN	6.2 NAME	
STREET ADDRESS	1599 NW 43RD AVE APT 101	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	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. 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: *Ronald E. Sharp* **RONALD E. SHARP** 3/29/97 954-730-2760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0034750

CR2E037 (9/96)