

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90154 023 \*\*\*\*61.25

<b>DOCUMENT # N99000000095</b>	
1. Entity Name AMERICAN LEGION OF SOUTHWEST FLORIDA POST 90, INC.	



Principal Place of Business 4720 SE 15TH AVE 120 CAPE CORAL, FL 33904	Mailing Address P.O. BOX 100395 CAPE CORAL, FL 33904
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00009154



03282006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1083313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  BURNS, JOHN D 1746 BEACH PKWY CAPE CORAL, FL 33904
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BURNS, JOHN D 1746 BEACH PKWY CAPE CORAL, FL 33904 <i>phone 239-542-7625</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCD FARMER, MICHAEL 3712 SE 15TH PLACE CAPE CORAL, FL 33904 <i>DECEASED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOD BYRNE, ARTHUR F 236 SW 47TH ST CAPE CORAL, FL 33914 <i>MOVED</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>FINANCE OFFICER</i> FRANK MULLER 1002 SW 35th TERR CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1ST VICE COMMANDER</i> JERRY BONGERS 1218 S.E. 36th ST CAPE CORAL, FL 33904
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 exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with or other like empowered.

SIGNATURE: *John D Burns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*X 3/31/06*  
Date

*239-542-7625*  
Daytime Phone #

*JOHN D. BURNS*