## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N99000000095

T FILED

Jun 30, 2008

Secretary of State

Entity Name: AMERICAN LEGION OF SOUTHWEST FLORIDA POST 90, INC.

Current Principal Place of Business: New Principal Place of Business:

4720 SE 15TH AVE 120

CAPE CORAL, FL 33904

Current Mailing Address: New Mailing Address:

P.O. BOX 100395 CAPE CORAL, FL 33904

FEI Number: 65-1083313 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURNS, JOHN D MIHALOVICH, TONY L
1746 BEACH PKWY 1709 SW 51ST ST
CAPE CORAL, FL 33904 US CAPE CORAL, FL 33914 US

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: TONY MIHALOVICH 06/30/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD ( ) Delete Title: CD (X) Change ( ) Addition

 Name:
 GELLER, HANK
 Name:
 MIHALOVICH, TONY L

 Address:
 4023 SE 19TH PLACE #107
 Address:
 1709 SW 51ST ST

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33914

 Name:
 KLOEKER, JOHN
 Name:
 GELLER, HANK

 Address:
 1712 BEACH PARKWAY APT A8
 Address:
 4023 SE 19TH PL #107

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904

Title: CEO ( ) Delete Title: CFO (X) Change ( ) Addition

 Name:
 SZELIGA, WÁLTER
 Name:
 ED, GORDON

 Address:
 1726 SW 40TH STREET
 Address:
 1210 SE 26TH TERR

 City-St-Zip:
 CAPE CORAL, FL 339145511
 City-St-Zip:
 CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY MIHALOVICH CD 06/30/2008