2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000095

FILED Jan 19, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	15TH AVE		4720 SE 15TH AVE		
120 CAPE CORAL, FL 33904			122 CAPE CORAL EL 33	122 CAPE CORAL, FL 33904	
Current Mailing Address:			ŕ	New Mailing Address:	
	•	.	New Maining Address		
P.O. BOX CAPE CC	(100395 (RAL, FL 33904				
o,	710 KE, 1 E 0000 1				
El Numbe	r: 65-1083313	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1709 SW		1.10			
The above	PRAL, FL 33914 e named entity stee of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
The above n the Stat	e named entity s te of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
The above n the Stat	e named entity s te of Florida. IRE:			ed office or registered agent, or both, Date	
The above n the Stat SIGNATU	e named entity s te of Florida. IRE:	ubmits this statement for the p	ent		
The above n the State SIGNATU DFFICER Title: Name: Address:	e named entity stee of Florida. IRE: Electron S AND DIRECT	ubmits this statement for the pic Signature of Registered Age FORS: Delete ONY L ST	ent	Date	
The above n the Stat SIGNATU	e named entity ste of Florida. IRE: Electron CD () MIHALOVICH, T 1709 SW 51ST CAPE CORAL, F	ubmits this statement for the price Signature of Registered Age FORS: Delete ONY L ST FL 33914 Delete PL #107	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR	

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 L. MIHALOVICH CD 01/19/2009