

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N990000000095

FILED  
Apr 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4720 SE 15TH AVE  
122  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4720 SE 15TH AVE  
122  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 65-1083313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SZEGLIA, WALT  
1726 SW 40TH STREET  
CAPE CORAL, FL 33914 US

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

SZELIGA, WALT  
1726 SW 40TH STREET  
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: WALT SZELIGA

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VC  
Name: LABELLE, JOHN  
Address: 1428 SE 33RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: C/FO  
Name: SZELIGA, WALT  
Address: 1726 SW 40TH STREET  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: FO  
Name: KLOEKER, JOHN  
Address: 531 SE 33RD STREET  
City-St-Zip: CAPE CORAL, FL 33904

Title: 2VC  
Name: KOPP, KARL  
Address: 1205 SW 44TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: WALT SZELIGA

C/FO

04/20/2012

Electronic Signature of Signing Officer or Director

Date