2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2006 8:00 am Secretary of State

DOCUMENT #715407 02-15-2006 90030 041 ****61.25 NEWBERRY POST NO. 149, THE AMERICAN LEGION. DEPARTMENT OF FLORIDA Principal Place of Business Mailing Address Ellatoins 26821 W NEWBERRY ROAD PO BOX 1 NEWBERRY FLA. 32669 NEWBERRY, FL 32669 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 CR2E037 (11/05) Chg-NP City & State City & State 4. FEI Number 59-6200333 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAMOS: JIM 6609 S.E. 85 AVENÜE NEWBERRY, FL 32669 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boyl, in the State of Florida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE Addition RAMOS, JIM NAME NAME STREET ADDRESS 6609 S.E. 85 AVENUE STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MARLOWE, HERBERT A. NAME STREET ADDRESS 25511 SW 30 AVE STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BISHOP, MARION L NAME STREET ADDRESS 3411 NW 170TH ST STREET ADDRESS NEWBERRY, FL-32689 City-St-ZiP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition TERRY, WRIGHT E JR. STREET ADDRESS 3328 N.W. 245 TERRACE STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SABO, PETER NAME STREET ADDRESS 829 NW 124 DR STREET ADDRESS CITY-ST-ZIP NEWBERRY, FL 32669 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

JARVIS, CHARLES

8860 S.E. 64 STREET

NEWBERRY, FL 32669

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

9-14-06 (352) 472-312