2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State
01-31-2007 90046 035 ****61.25

DOCUMENT # 715407

1. Entity Name

NEWBERRY POST NO. 149, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
26821 W NEWBERRY ROAD NEWBERRY FLA 32669 US	PO BOX 1 NEWBERRY FL 32669 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-6200333 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JARVIS, CHARLES 8860 SE 64TH ST NEWBERRY FL 32669	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C RAMOS, JIM 6609 S.E. 85 AVENUE NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLOWE, HERBERT A. 25511 SW 30 AVE NEWBERRY FL 32669	■ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V/S/T CHARLES E. JARVIS 8860 S.E. 64TH ST. NEWBERRY, FL. 32669 ■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BISHOP, MARION L 3411 NW 170TH ST NEWBERRY FL 32669	■ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	O/D DENNIS D. NICKERSON 481 S.E. HAPPY VALLY Rd. High Springs, FL. 32643 ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TERRY, WRIGHT E JR. 3328 N.W. 245 TERRACE NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SABO, PETER 829 NW 124 DR NEWBERRY FL 32669	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V JARVIS, CHARLES 8860 S.E. 64 STREET NEWBERRY FL 32669	■ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	O/D RONALD W. GRAVELY 7680 S.E. 79TH LANE TRENTON, FL. 32693 ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Charles E. Jarvis 1-22-07 (352) 472-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #