2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 716081

1. Entity Name

LEESBURG MEMORIAL POST NO. 52, DEPARTMENT OF FLORIDA, THE AMERICAN LEGION.



04-19-2005 90379 029 ****61.25

Apr 19, 2005 8:00 am Secretary of State

FILED

COMBA, THE AMERICAN ELECTOR,						, 000 B	LIE	1						
Principal Place of Business Mailing Address														
THE AMERICAN LEGION INC 300 N. THIRD ST. LEE SBURG FL 34748			300 N.	THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG FL 34748										
2. Principal P	Place of Busine	3. Mailing	3. Mailing Address				<u> </u> ''	8 8 J. 18 8 1	is presen Rusia emaja i	0 0 0 6 3 4 1		CRÀIFER ET INNI		
Suite, Apt.	. #, etc.	Suite	Suite, Apt. #, etc.				1st MOORE CR2E037 (10/04)							
City & Stat	te	City 8	City & State			4. FEI Number			59-62008	15	<u> </u>	pplied For lot Applicable		
Zip	Zip Country			Zip Cou			5. Certificate of S			tatus Desired		\$8.75 Ac Fee Requir		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent							
						Name								
WIL 453	LIAMS, AL 8 N LEE 3	<u></u> _				Street Address (P.O. Box Number is Not Acceptable)								
LEE	SBURG FL						·	·		_	- Zin Co	do		
			City					F	L Zip Co.	ue				
	named entity tions of registe	submits this statement red agent.	for the purpose	e of changing its r	egister	ed office o	r registe	red agent, or l	ooth, ir	the State of	Florida. I a	m familiar with	, and accept	
SIGNATURE	Signature, typed o	x printed name of registered ag	ent and little if applica	ble. INOTE.	Registere	d Agent signer	ture require	d when reinstating)			DATE			
managan ang ang ang ang ang ang ang ang a	er erabara da kerak	NEW CONTRACTOR CONTRAC	(makera): (minera)		y					Such account to disposante	na constituent destructives		CONTROL CONTROL CONTROL	
FILE NOW: FEE IS \$61.25 9. Election Campaign Fine Trust Fund Contribution								\$5.00 May Added to Fee		Table of Table 2 by danks to sta	ومعضا وبادء كالأخاص الرعاد والاسترا	ck Payable artment of	40%、14%、14%、15%、20%、20%。	
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NAME	WILLIAMS, ALBERT 4538 N.EE. 33RD LN.													
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NAME	TURNBULL, JAMES R					Ε	EVANS			ERT	L			
STREET ADDRESS	163 BAY RC				STRE	ET ADDRESS	150	53 V1	2 N	ITAD	ē			
CITY-ST-ZIP	MOUNT DO	RA FL 32757		ح	CITY	-ST-ZIP	7	47 4 R C	ک=	FLE	アファ	8		
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NAME	EVANS, RO	BÉRT			MAM	E	W-F	454w	DE	A HAM A	YNE			
STREET ADDRESS:	15053 VIRN		•		STRE	ET-ADDRESS	112	03-115	μo	V 441				
CITY-ST-ZIP	TAVARES F	L 32778			CITY	- ST - ZIP	7	4UARE	ς ΄	≠ ∠ 3	2778	}		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

352-343-1299