2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # 716081

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

Principal Place of Business	Mailing Address
THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG, FL 34748	THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG, FL 34748

04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6200815
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WILLIAMS, ALBERT
4538 N LEE 33RD LANE
LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WILLIAMS, ALBERT
STREET ADDRESS	4538 N.EE. 33RD LN.
CITY-ST-ZIP	WILDWOOD, FL 34785
TITLE	FOD
NAME	EVANS, ROBERT L
STREET ADDRESS	15053 VIRNITAD R
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	VCD
NAME	SAWDEY, WAYNE
STREET ADDRESS	11203 US HWY 441
CITY-ST-ZIP	TAVARES, FL 32778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000752435
05/21/07-80016-024 61.25

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Robert L Evans ROBERT L EVANS (FOD) 4/26/07 352-343-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #