FILED May 27, 2008 8:00 am Secretary of State 04-23-2008 90046 002 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Pincipal Pisco of Business Mailing Address THE AMPRICAN LECION INC 300 N. THIRD ST LESSURG, FL 34748 2. Principal Piaco of Business - No PO. Box # 3. Mailing Address Suita, Apt. #, etc.	THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Zip Country Zip Co 8. Name and Address of Current Registered Agent— WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its registered agent. SIGNATURE Styneaus, need or presed name of registered agent and title 4 applicable. (NCTE: Registered agent) FILING Fee Is \$81.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. Thus CD CD Delete Introduced Countribut	City red office or regis ad Apert stynesure reg. Financing tion.	04172008 Chg-NP CRZE037 (12/06) 4. FEI Number S9-6200815 Applied F Not Applied F Not Applied F S9-6200815 Not Applied F Not Applied F See Required T. Name and Address of New Registered Agent 95. Certificate of Status Desired \$8.75 Additional Fee Required T. Name and Address of New Registered Agent 95. (P.O. Box Number is Not Acceptable) FL Zip Code 95. (P.O. Box Number is Not Acceptable) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Fee Required Additional Fee Required Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Additional Fee Required Florida Department of State Additional Fee Required Florida Florida Department of State Additional
Suite, Apt. 6, etc. Suite, Apt. 6, etc. O4172008 Chg-NP CR2E037 (12/06)	Suite, Apt. #, etc. City & State Zip Country Sip 8. Name and Address of Current Registered Agent— WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and tate if septicable. Filling Fee is \$81.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ITILE CD WILLIAMS, ALBERT SIRET ADDRESS SIR VILLIAMS, ALBERT SIRET ADDRESS CITY-ST-2P WILDWOOD, FL 34785 TITLE FOD Delete MAKE STRET ADDRESS CITY-ST-2P TAVARES, FL 32778 TILLE VCD MAKE SAWDEY, WAYNE STRET ADDRESS AND Delete TITLE VCD MAKE SAWDEY, WAYNE STRET ADDRESS CITY-ST-2P TAVARES, FL 32778 TILLE VCD MAKE SAWDEY, WAYNE STRET ADDRESS -1-1203 US HWY-441 - CT CITY-ST-2P TAVARES, FL 32778	City red office or regis ad Apert stynesure reg. Financing tion.	04172008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-6200815 Applied F 59-6200815 Not Applied F 59-6200815 Not Applied F 59-6200815 S8.75 Additional Fee Required Fee Req
City & State Country Zip Country Zip Country S. Conflictate of Status Desired \$8.75 Additional Free Required Res Required Res Required Name Name Name Name and Address of New Registered Agent City FL Zip Code S. The above named entity submits this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Filling Fee is \$81.25 Due by May 1, 2008 POTE Registered Agent grows ware on revision Added to Fees Name Filling Fee is \$81.25 Due by May 1, 2008 Potential Fund Contribution Added to Fees Added to Fees Name VILLIAMS, ALBERT Street Address (PO, Box Number is Not Acceptable) DATE Filling Fee is \$81.25 Due by May 1, 2008 Potential Fund Contribution Added to Fees Name VILLIAMS, ALBERT Street Address of New Registered Agent Added to Fees Plorida Department of State Plorida Department of State Find Department of State Plorida Department of State Find Department of State Plorida Departme	City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent. SIGNATURE Signesse, hipsed or printed name of registered agent and tale # explicable. (INCTE: Plugister Due by May 1, 2008 Filling Fee is \$61.25 Due by May 1, 2008 Filling CD TITLE CD WILLIAMS, ALBERT STRIET ADDRESS 4538 N.EE. 33RD LN. SITHLET ADDRESS 110. Delete WILLIAMS, ALBERT STRIET ADDRESS 111. TITLE FOD Delete MARE EVANS, ROBERT L STREET ADDRESS 112. STREET ADDRESS 113. TAVARES, FL 32778 TILLE VCD MAKE SAWDEY, WAYNE STREET ADDRESS -1-1203 US HWY-441	City red office or regis ad Apert stynesure reg. Financing tion.	4. FEI Number 59-6200815 Not Applied F Sa. 75 Additional Fee Required 7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL Zip Code Zip Code
Sp-6200815 Not Applicable S8.75 Additional For Applicable S8.75 Additional For Required S8.75 Additional For Require	Zip Country Zip Co 8. Name and Address of Current Registered Agent WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Signature. hyped or printed name of registered agent and sate if applicable. (NOTE: Register Due by May 1, 2008) 10. OFFICERS AND DIRECTORS 11. ITILE CD NAME VILLIAMS, ALBERT STRIET ADDRESS 4538 N.EE. 33RD LN. CITY-S1-2P VILDWOOD, FL 34785 TILE FOD VILDWOOD, FL 34785 TILE STREET ADDRESS GTY-S1-2P TAVARES, FL 32778 TILE VCD NAME SAWDEY, WAYNE STREET ADDRESS -1-1203 US HWY-441 CITY-S1-2P TAVARES, FL 32778 CIT	City red office or regis ad Apert stynesure reg. Financing tion.	59-6200815 Not Applie 5. Certificate of Status Desired
S. Corulicate of Sistus Desired Fee Required Fee Required 7. Name and Address of New Registered Agent Name	S. Name and Address of Current Registered Agent: WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Stonesse, typed or protect name of registered agent and site if explicable. Pilling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. TITLE CD NAME WILLIAMS, ALBERT STRIET ADDRESS 4538 N.EE. 33RD LN, CITY-ST-2P WILDWOOD, FL 34785 TITLE FOD Delete ITTLE STRIET ADDRESS GTY-S1-2P TAVARES, FL 32778 TITLE VCD NAME SAWDEY, WAYNE STRIET ADDRESS -1-1203 US HWY-441 CTY-S1-2P TAVARES, FL 32778 CTT	City red office or regis ad Apert stynesure reg. Financing tion.	7. Name and Address of New Registered Agent ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and ac \$5.00 May Be Added to Fees
Name	WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Stoneurs, hipsel or printed name of registered agent and tale if applicable. (INCTE: Register Due by May 1, 2008 Pilling Fee is \$61.25	Street Address City red office or regis ad Agent streeter rea. Financing stion.	ess (P.O. Box Number is Not Acceptable) FL Zip Code gistered agent, or both, in the State of Florida. I am familiar with, and ac spared when renestang) DATE \$5.00 May Be Added to Fees
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 Filting Fee is \$81.25 Due by May 1, 2008 P. Bection Campaign Financing Trust Fund Contribution. Defects Address (P.O. Box Number is Not Acceptable) PATE Filting Fee is \$81.25 Due by May 1, 2008 P. Bection Campaign Financing Trust Fund Contribution. Defects Address (P.O. Box Number is Not Acceptable) PATE Filting Fee is \$81.25 Due by May 1, 2008 P. Bection Campaign Financing Trust Fund Contribution. Defects Address (P.O. Box Number is Not Acceptable) PATE Filting Fee is \$81.25 Due by May 1, 2008 Pate of provide agent with a statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the particular transfer of registered agent, or both, in t	4538 N LEE 33RD LANE LEESBURG, FL 34748 8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Stoneurs, hipsel or printed name of registered agent and tall a copticable. Filling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ITILE CD OFFICERS AND DIRECTORS 11. ITILE CD OFFICERS AND DIRECTORS 11. ITILE CD OFFICERS AND DIRECTORS 11. ITILE FOD OFFICERS AND DIRECTORS ITILE FOO OFFICERS AND DIRECTORS I	City red office or regis ad Apert stynebure req. Financing tion.	### To Code State of Florida. am familiar with, and accompanied when remembers:
8. The above named entity submits this statement for the purpose of changing as registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbol Symbo	8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. SIGNATURE Styresum, hyped or printed name of registered opers and late if expeciable. Filling Fee is \$81.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. TITLE CD VILLIAMS, ALBERT STRIELE ADDRESS 4538 N.EE. 33RD LN, CITY-51-2P VILDWOOD, FL 34785 TITLE FOD STREET ADDRESS 15053 VIRNITAD R CITY-51-1P TAVARES, FL 32778 TILE VCD MAKE SAWDEY, WAYNE STREET ADDRESS -11203 US HWY-441 CITY-51-2P TAVARES, FL 32778 CIT	red office or regis ad Apert stynesure req. Financing tion.	State of Florida. I am familiar with, and acceptance when remaining) DATE
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 lamisar with, and accept the obligations of registered agent. SIGNATURE Signature	the obligations of registered agent. SIGNATURE Stgneure, hyped or printed name of regressred agent and table 4 applicable. (INCITE: Register FILING Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ITILE CD Delete IIII NAME WILLIAMS, ALBERT STRIET ADDRESS CITY-SI-2IP WILDWOOD, FL 34785 TILE FOD Delete IIII NAME EVANS, ROBERT L STREET ADDRESS CITY-SI-2IP TAVARES, FL 32778 TILE VCD Delete IIII NAME SAWDEY, WAYNE STREET ADDRESS -1-1203 US HWY-441 - STREET ADDRESS CITY-SI-2IP TAVARES, FL 32778 TAVARES, FL 32778 CITY-SI-2IP TAVARES, FL 32778	red office or regis ad Apert stynesure req. Financing tion.	State of Florida. I am familiar with, and acceptance when remaining) DATE
SIGNATURE STORMATURE Stormal of professored agent and size if applicable. PACTE: Registered Agent supeaux required when remaining) DATE	the obligations of registered agent. SIGNATURE Stgneure, hyped or printed name of regressred agent and table 4 applicable. (INCITE: Register FILING Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ITILE CD Delete IIII NAME WILLIAMS, ALBERT STRIET ADDRESS CITY-SI-2IP WILDWOOD, FL 34785 TILE FOD Delete IIII NAME EVANS, ROBERT L STREET ADDRESS CITY-SI-2IP TAVARES, FL 32778 TILE VCD Delete IIII NAME SAWDEY, WAYNE STREET ADDRESS -1-1203 US HWY-441 - STREET ADDRESS CITY-SI-2IP TAVARES, FL 32778 TAVARES, FL 32778 CITY-SI-2IP TAVARES, FL 32778	ed Agent signeoure req. Financing tion.	\$5.00 May Be Added to Foes ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
Signature, hoped or privated rums of regressived agent and site of application, (HOTE-Registered Agent signature resourced when remetisting) Date	Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. TITLE CD NAME WILLIAMS, ALBERT STREET ADDRESS GITY-S1-2P TAVARES, FL 32778 P. Election Campaign Trust Fund Contribut 11. Delete ITM NAME STREET ADDRESS GITY-S1-2P TAVARES, FL 32778 CITY-S1-2P TAVARES, FL 32778	Financing tion.	\$5.00 May Be Added to Fees
Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE WILLIAMS, ALBERT STREET ADDRESS 4538 N.EE. 33RD LN. STREET ADDRESS 4538 N.EE. 33RD LN. STREET ADDRESS CITY-SI-2P WILDWOOD, FL 34785 TITLE FOD Obeles TITLE FOD Obeles TITLE VCD NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TAVARES, FL 32778 Obeles TITLE Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TAVARES, FL 32778 TO Obeles TITLE Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P STREET ADDRESS CITY-SI-2P TAVARES, FL 32778 TAVARES, FL 32778 TO Obeles TITLE NAME STREET ADDRESS CITY-SI-2P STREET ADDRE	Filling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND DIRECTORS 11. TITLE VMLLIAMS, ALBERT VMLLIAMS, ALBERT VMLDWOOD, FL 34785 ITTLE FOD ITTLE FOD NAME EVANS, ROBERT L STRET ADDRESS CITY-ST-2P TAVARES, FL 32778 TILE VCD NAME SAWDEY, WAYNE -STREET ADDRESS -1-1203 US HWY-441	Financing tion.	\$5.00 May Be Added to Fees
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE CD WILLIAMS, ALBERT STREET ADDRESS 4538 N.EE. 33RD LN. CITY-SI-2P WILDWOOD, FL 34785 CITY-SI-2P WILDWOOD, FL 34785 CITY-SI-2P CITY	Due by May 1, 2008	E.E. E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.E.	Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Ad
TITLE WILLIAMS, ALBERT WILLIAMS, ALBERT STREET ADDRESS 4538 N.EE. 33RD LN. STREET ADDRESS OTY-S1-2P CITY-S1-2P CITY-S1-2P CITY-S1-2P TAVARES, FL 32778 CITY-S1-2P	TITLE	LE AE EET ADDRESS Y-SI-DP	☐ Change ☐ Ad
MAKE STREET ADDRESS 4538 N.EE. 33RD LN. CITY-SI-2P WILDWOOD, FL 34785 CITY-SI-2P WILDWOOD, FL 34785 CITY-SI-2P MILDWOOD, FL 34785 CITY-SI-2P TAVARES, FL 32778 CITY-SI-2P TAVARES, FL	NAME WILLIAMS, ALBERT STREET ADDRESS CITY-ST-ZIP WILDWOOD, FL 34785 TITLE FOD Delete ITTLE STREET ADDRESS 15053 VIRNITAD R STREET ADDRESS 15053 VIRNITAD R CITY-ST-ZIP TAVARES, FL 32778 TITLE VCD DELETE ITTLE VCD DELETE ITTLE CITY-ST-ZIP SAWDEY, WAYNE NAME SAWDEY, WAYNE NAME SAWDEY, WAYNE STREET ADDRESS -1-1203 US HWY-441 CITY-ST-ZIP TAVARES, FL 32778	AE EET ADDRESS Y-SI- <i>D</i> P	
CITY-S1-2P TITLE FOD Delete STREET ADDRESS CITY-S1-2P TITLE VCD SAWDEY, WAYNE STREET ADDRESS CITY-S1-2P TITLE NAME SAWDEY, WAYNE STREET ADDRESS CITY-S1-2P TITLE NAME SAWDEY, WAYNE STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P	CITY-SI-2P WILDWOOD, FL 34785 CIT	r-S1 <i>- D</i> P	
TITLE FOD Delete	TITLE	_	
STRET ADDRESS CITY-S1-7P TAVARES, FL 32778 TILE NAME SAWDEY, WAYNE STRET ADDRESS CITY-S1-7P TAVARES, FL 32778 TITLE NAME STRET ADDRESS CITY-S1-7P TAVARES, FL 32778 TITLE NAME STRET ADDRESS CITY-S1-7P TAVARES, FL 32778 TITLE NAME STRET ADDRESS CITY-S1-7P TITLE NAME STRET ADDRESS	STREET ADDRESS 15053 VIRNITAD R STREET ADDRESS TAVARES, FL 32778 CIT	±	Uranga Uwa
CITY-ST-ZP TAVARES, FL 32778 TILE NAME SAWDEY, WAYNE SIREET ADDRESS- CITY-ST-ZP TAVARES, FL 32778 TILE NAME STREET ADDRESS- CITY-ST-ZP TILE NAME STREET ADDRESS	CITY-SI-20	·	
NAME SAWDEY, WAYNE SIRRET ADDRESS -1-1203 US HWY-441 TAVARES, FL 32778 TILE NAME SIRRET ADDRESS CITY-ST-ZIP TILE NAME SIRRET ADDRESS	NAME SAWDEY, WAYNE NAME SAWDEY, WAYNE NAME SAWDEY, WAYNE NAME NAME NAME NAME NAME NAME NAME NA	r-S1- <i>zu</i> p	
TITLE Detele TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTANGE Addition TITLE Detele TITLE TITLE Detele TITLE NAME Addition NAM	- STREET ADDRESS 1-1203 US HWY-441 STR CITY-ST-20 TAVARES, FL 32778 CIT	<u> </u>	C D Change MA
TITLE Detele TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CTANGE Addition TITLE Detele TITLE TITLE Detele TITLE NAME Addition NAM		EET ADDRESS	SOOD-MODDEHICK TN
NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS			
CITY-ST-ZIP TILE NAME STREEF ADDRESS CITY-ST-ZIP CITY-ST-ZIP LITTLE HAME STREEF ADDRESS CITY-ST-ZIP LITTLE HAME STREEF ADDRESS			€ Change € Ad
TILE Delete ITTLE Change Addition NAME HAME STREEF ADDRESS STREET ADDRESS	■		
NAME STREEF ADDRESS STREEF ADDRESS			☐ Change ☐ Ad
	NAME	-	
	I		
TITLE Debute TITLE Change Addition		i	Change Ad
NAME STREET ADDRESS STREET ADDRESS		- 1	
CITY-SI-ZIP CITY-SI-ZIP	CITY-ST-ZIP CIT	r-si-zip	
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 eath; 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 the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the corporation of the receiver of the receive	indicated on this report or supplemental report is true and accurate and that my signs of the corporation or the receiver or trustee empowered to execute this report as requ	dure shall have it	the same lengt effect as if made under neth; that I am an officer or direc-
Changed, of on an attachment with apradicioess, with all other like empowered.	SIGNATURE: Kolorat like expowered.	≠ed by Chapter (r 617, Florida Statutes; and shat my name appears in Block 10 or Block 1