2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2009
Secretary of State

DOCUMENT# 716081

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

Current Principal Place of Business:

THE AMERICAN LEGION INC
300 N. THIRD ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

THE AMERICAN LEGION INC
300 N. THIRD ST.
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-6200815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: WILLIAMS, ALBERT
Address: 4538 N.EE. 33RD LN.
City-St-Zip: WILDWOOD, FL 34785

Title: FOD (X) Delete
Name: EVANS, ROBERT L
Address: 15053 VIRNITAD R
City-St-Zip: TAVARES, FL 32778

Title: VCD ( ) Delete
Name: CORLETTE, NIEL
Address: 12000 WOODCHUCK LN
City-St-Zip: FRUITLAND PARK, FL 34713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change ( ) Addition
Name: CORLETTE, NIEL
Address: 1200 WOOD DUCK LANE
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL CORLETTE VCD 05/09/2009

Electronic Signature of Signing Officer or Director — Date