

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724647</b> 1. Entity Name ALAFIA POST 148 OF THE AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.	
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Principal Place of Business HWY 301 & HANNAWAY DR PO BOX 507 RIVERVIEW FL 33569-0507	Mailing Address HWY 301 & HANNAWAY DR PO BOX 507 RIVERVIEW FL 33569-0507
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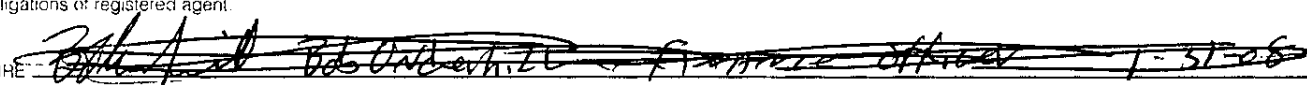


2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	City & State	City & State
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  <b>FERRIN, KEN</b> <b>3502 YALE CIRCLE</b> <b>RIVERVIEW FL 33569</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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: 1-31-08

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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	
TITLE	A <input type="checkbox"/> Delete FERRIN, KEN 3502 YALE CIRCLE RIVERVIEW FL 33569
TITLE	T <input type="checkbox"/> Delete AMOS, JOE 6004 PALOMA RD LITHIA FL 33547
TITLE	T <input type="checkbox"/> Delete UNDERHILL, ROBERT 8203 FANTASIA RIVERVIEW FL 33569
TITLE	JA <input type="checkbox"/> Delete GRAMPRIE, ROBERT 11411 MEMULLIN LOOP RIVERVIEW FL 33569
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	000000815498 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/14/08-80011-020 61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Finance Officer 1-31-08 813-677-6725