

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 732889**  
 1. Entity Name  
 AMERICAN LEGION, CAMPBELL-LOSSING POST 53,  
 INC., DEPARTMENT OF FLORIDA



Principal Place of Business      Mailing Address  
 P.O. BOX #53                      P.O. BOX #53  
 SANFORD, FL 32772              SANFORD, FL 32772

**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-NP      CR2E037 (11/05)

4. FEI Number 59-6200272	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 GRAHAM, CHARLES B  
 855 SILVERADO CT  
 LAKE MARY, FL 32746

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPANGLER, WALLEY 1907 S. MAGNOLIA AVE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HOLT, MARY 880 CROWS BLUFF LANE SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD GRAHAM, CHARLES B 855 SILVERADO COURT LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRENNAN, PATRICK J 289 MANOR OAK CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC HARRINGTON, FRANCIS J 116 LAKE DOT DR SANFORD, FL 32773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000566907  
 06/07/06-80003-016 61.25

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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: *Charles B. Graham* CHARLES B. GRAHAM      2-15-06      407-322-1652  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #