

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Aug 15, 2007  
Secretary of State**

DOCUMENT# 732889

**Entity Name:** AMERICAN LEGION, CAMPBELL-LOSSING POST 53, INC., DEPARTMENT OF FLORIDA**Current Principal Place of Business:**2874 S. SANFORD AVE.  
SANFORD, FL 32772 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX #53  
SANFORD, FL 32772 US**New Mailing Address:**

FEI Number: 59-6200272

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**GRAHAM, CHARLES B  
855 SILVERADO CT  
LAKE MARY, FL 32746 US**Name and Address of New Registered Agent:**BISHOP, LEWIS D  
95 SPRING RIDGE DR  
DEBARY, FL 32713 US

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: LEWIS D BISHOP

08/15/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VC ( ) Delete  
Name: SPANGLER, WALLEY  
Address: 1907 S. MAGNOLIA AVE  
City-St-Zip: SANFORD, FL 32773 USTitle: CD ( ) Delete  
Name: HOLT, MARY  
Address: 880 CROWS BLUFF LANE  
City-St-Zip: SANFORD, FL 32773 USTitle: AD ( ) Delete  
Name: GRAHAM, CHARLES B  
Address: 855 SILVERADO COURT  
City-St-Zip: LAKE MARY, FL 32746 USTitle: T ( ) Delete  
Name: SMITH, FRANKLIN D  
Address: 1751 COCHRAN ROAD  
City-St-Zip: GENEVA, FL 32732 USTitle: VC ( ) Delete  
Name: BISHOP, LEWIS D  
Address: 955 SPRING RIDGE DRIVE  
City-St-Zip: DEBARY, FL 32773 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: AD (X) Change ( ) Addition  
Name: BISHOP, LEWIS D  
Address: 95 SPRING RIDGE DR  
City-St-Zip: DEBARY, FL 32713 USTitle: T (X) Change ( ) Addition  
Name: SPANGLER, WALLEY  
Address: 1907 S MAGNOLIA AVE  
City-St-Zip: SANFORD, FL 32773 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARY S HOLT

CD

08/15/2007

Electronic Signature of Signing Officer or Director

Date