
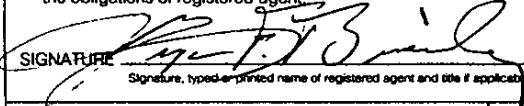
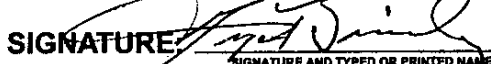


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90039 010 ****61.25

| | | | |
|--|---|--|---|
| DOCUMENT # 744452 | |  | |
| 1. Entity Name ANDY ANDERSON POST #125, AMERICAN LEGION, INC. | | | |
| Principal Place of Business 6440 5TH AVE S ST PETERSBURG, FL 33707-2333 | | Mailing Address 6440 5TH AVE S ST PETERSBURG, FL 33707-2333 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PHIPPS, JAMES D 6400 4TH AVE SO SAINT PETERSBURG, FL 33707 | | Name BRIERLEY, GEORGE | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | 5342 6 TH. PLACE SO. | |
| | | City GULFPORT | |
| | | FL | |
| | | Zip Code 33707 | |
| 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  | | POST COMMANDER | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| | | DATE 3/12/07 | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PHIPPS, JAMES D 6400 4TH AVE SO SAINT PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRIERLEY, GEORGE 5342 6 TH. PLACE SO. GULFPORT, FL. 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1V BRIERLEY, GEORGE 5342 6TH PLACE ST PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1V PHIPPS, JAMES D. 6400 4 TH.AVE. SO. ST. PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T KAY, GEORGE 7230 4TH ST NORTH SAINT PETERSBURG, FL 33702 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BURKE, ROBERT L 1057 56 TH.AVE. SO. ST. PETERSBURG, FL. 33705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | A KELLY, ROBERT 210 61ST ST. S. SAINT PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | A MINICK, SHIRLEY 7224 PARK ST.SO. ST. PETERSBURG, FL 33707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 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  | | GEORGE BRIERLEY | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 3/12/07 | |
| | | Daytime Phone # (827) 347-6055 | |

20006117



02152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-6136756

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required