2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000001413

1. Entity Name
AMERICAN LEGION GULF BREEZE POST 378 INC.

Principal Place of Business	Mailing Address
2718 GULF BREEZE PKWY GULF BREEZE, FL 32563 US	AMERICAN LEGION POST 378 P.O. BOX 6334 GULF BREEZE, FL 32563 US

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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3561900
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAUCELLA, RICHARD J S
1009 GREAT OAKS DR.
GULF BREEZE, FL 32563

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

U00000790443
01/23/08-80033-014 61.25

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FREEMAN, TED A
STREET ADDRESS	1942 THUMAN DRIVE
CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	VP
NAME	TYLER, ROBERT P
STREET ADDRESS	1518 MARINERS CIR
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	S
NAME	LAUCELLA, RICHARD J
STREET ADDRESS	1009 GREAT OAKS DRIVE
CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Richard J. Laucella RICHARD J. LAUCELLA 1/23/08 850-449-6606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #