

FILED
May 19, 2003 8:00 am
Secretary of State

03-17-2003 91061 008 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

3/

55041861



☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # N02000001413					
1. Entity Name AMERICAN LEGION GULF BREEZE POST 378 INC.					
Principal Place of Business 5280 GULF BREEZE PARKWAY GULF BREEZE FL 32561			Mailing Address 2763 AUGUSTUS ROAD NAVARRE FL 32568		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3561900	
				Applied For ☐ \$8.75 Additional Fee Required ☐ Not Applicable	
6. Name and Address of Current Registered Agent BUSINESS FLINGS INCORPORATED 1000 WEST AVENUE, SUITE 1114 MIAMI BEACH FL 33139				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 6 MAR 2003	
FILE NOW: FEE IS \$81.25				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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRESIDENT (COMMANDER) ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME ALAN C. GROOMS III			NAME		
STREET ADDRESS 2763 AUGUSTUS ROAD			STREET ADDRESS		
CITY-ST-ZIP NAVARRE, FL. 32568			CITY-ST-ZIP		
TITLE VICE-PRESIDENT (ADJUTANT) ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME LESLIE R. ARCHER			NAME		
STREET ADDRESS 1813 ANDERSON AVENUE			STREET ADDRESS		
CITY-ST-ZIP GULF BREEZE, FL. 32561			CITY-ST-ZIP		
TITLE TREASURER ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME LINDA BAXTER			NAME		
STREET ADDRESS 1813 ANDERSON AVENUE			STREET ADDRESS		
CITY-ST-ZIP GULF BREEZE, FL 32561			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE ☐ Delete			TITLE ☐ Change ☐ Addition		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PRESIDENT ALAN C. GROOMS III 6/03/2003 (850) 939-4935					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2007 (10/02)