


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006579
1. Entity Name
AMERICAN LEGION SUWANNEE POST 107, INC.



Principal Place of Business
**1017 PINE VIEW CIRCLE
LIVE OAK, FL 32060**

Mailing Address
**P.O. BOX 1466
LIVE OAK, FL 32064-1466**



05062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0588418

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**BUFFINGTON, RICHARD
1017 PINE VIEW CIRCLE
LIVE OAK, FL 32060**

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IN THIS SPACE**

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: *Richard E Buffington* **5-6-04**
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 September 8, 2004**

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	FOT PETERS, LEE JR 1065 OHIO MLK JR. AVE. LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC SMITH, HENRY 8815 145TH DRIVE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADJT RAUSCH, WENDELL R 10035 105TH DRIVE LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EO PHILMORE, ALONZO 705 6TH STREET S.W. LIVE OAK, FL 32064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VCT SLATER, RON 6432 161 ST. ROAD LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUFFINGTON, RICHARD 1017 PINEVIEW CIR LIVE OAK, FL 32064

U00000158305
05/07/04-80016-012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 register 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 E Buffington* **5-6-04** **(386) 364-5985**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #