2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90978 048 ****61.25

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

01132005 Chg-NP CR2E037 (10/03)

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

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 _____
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 May 1, 2005

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	FOT ☑ Delete	TITLE	FOT ☑ Change ☑ Addition
NAME	PETERS, LEE JR	NAME	Lees, Richard Sr.
STREET ADDRESS	1065 OHIO MLK JR. AVE.	STREET ADDRESS	12371 148th Terrace
CITY-ST-ZIP	LIVE OAK, FL 32064	CITY-ST-ZIP	Live Oak, FL 32060
TITLE	1VC ☑ Delete	TITLE	1VC ☑ Change ☐ Addition
NAME	SMITH, HENRY	NAME	Slater, Arley R.
STREET ADDRESS	8815 145TH DRIVE	STREET ADDRESS	6452 161st Rd.
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	Live Oak, FL 32060
TITLE	ADJT ☑ Delete	TITLE	ADJT ☑ Change ☐ Addition
NAME	RAUSCH, WENDELL R	NAME	McLauchlin, Clair O.
STREET ADDRESS	10035 105TH DRIVE	STREET ADDRESS	1800 Ichetucknee Rd.
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	Live Oak, FL 32064
TITLE	EO ☑ Delete	TITLE	EO ☑ Change ☐ Addition
NAME	PHILMORE, ALONZO	NAME	Holden, James
STREET ADDRESS	705 6TH STREET S.W.	STREET ADDRESS	10995 150th St.
CITY-ST-ZIP	LIVE OAK, FL 32064	CITY-ST-ZIP	McAlpin, FL 32062
TITLE	2VCT ☑ Delete	TITLE	2VC ☑ Change ☐ Addition
NAME	SLATER, RON	NAME	Rausch, Wendell R.
STREET ADDRESS	6432 161 ST. ROAD	STREET ADDRESS	10035 105th Dr.
CITY-ST-ZIP	LIVE OAK, FL 32060	CITY-ST-ZIP	Live Oak, FL 32060
TITLE	CD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUFFINGTON, RICHARD	NAME	
STREET ADDRESS	1017 PINEVIEW CIR	STREET ADDRESS	
CITY-ST-ZIP	LIVE OAK, FL 32064	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: Clair McLauchlin — Clair McLauchlin — 04/29/05 — 386-362-3524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #