

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90112 040 \*\*\*\*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  
10726 E 142ND STREET  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 250  
Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State  
MC ALPIN FL

City & State  
MC ALPIN FL

4. FEI Number  
81-0588418

Applied For  
Not Applicable

Zip  
32062

Country  
SUWANNEE

Zip  
32062

Country  
SUWANNEE

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, 2006

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

TITLE	FOT	<input type="checkbox"/> Delete
NAME	LEES, RICHARD SR	
STREET ADDRESS	12371 148TH TERR	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	1VC	<input type="checkbox"/> Delete
NAME	SLATER, ARLEY R	
STREET ADDRESS	6452 161ST RD	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	ADJT	<input type="checkbox"/> Delete
NAME	MCLAUCHLIN, CLAIR O	
STREET ADDRESS	1800 ELECHETUCKNEE RD	
CITY-ST-ZIP	LIVE OAK, FL 32064	
TITLE	ED	<input type="checkbox"/> Delete
NAME	HOLDEN, JAMES	
STREET ADDRESS	10995 150TH ST	
CITY-ST-ZIP	MC ALPIN, FL 32062	
TITLE	2VC	<input checked="" type="checkbox"/> Delete
NAME	RAUSCH, WENDELL R	
STREET ADDRESS	10035 105 TH DR	
CITY-ST-ZIP	LIVE OAK, FL 32060	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BUFFINGTON, RICHARD	
STREET ADDRESS	1017 PINEVIEW CIR	
CITY-ST-ZIP	LIVE OAK, FL 32064	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2VC PASS, CLAUDE W.
STREET ADDRESS	4486 193 DR.
CITY-ST-ZIP	LIVE OAK FL 32060
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 E Buffington*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-06 (386) 364-5985

Date

Daytime Phone #