

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State



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

Principal Place of Business 10726 E 142ND ST MC ALPIN FL 32062	Mailing Address P.O. BOX 250 MC ALPIN FL 32062
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 81-0588418	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: *Richard Buffington* 2-1-07
Signature, typed or printed name of registered agent or firm if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FOT LEES, RICHARD SR 12371 148TH TERR LIVE OAK FL 32060	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	1VC SLATER, ARLEY R 6452 161ST RD LIVE OAK FL 32060	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ADJT MCLAUHLIN, CLAIR O 1800 ELECHETUCKNEE RD LIVE OAK FL 32064	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ED HOLDEN, JAMES 10995 150TH ST MC ALPIN FL 32062	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	2VC PASS, CLAUDE W 4486 193 DR LIVE OAK FL 32060	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD BUFFINGTON, RICHARD 1017 PINEVIEW CIR LIVE OAK FL 32064	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Buffington* 2-1-07 (386) 364-5985