


**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90052 045 \*\*\*\*70.00

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

**DOCUMENT # N18841**

1. Entity Name  
**SKELLY-MCLEOD POST NO. 257 THE AMERICAN LEGION, INCORPORATED**



Principal Place of Business  
**POST OFFICE BOX 600513  
 N. MIAMI BEACH, FL 33160-0513 US**

Mailing Address  
**POST OFFICE BOX 600513  
 N. MIAMI BEACH, FL 33160-0513 US**

**94043066**



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

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

03302004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent  
**MAHONEY, ROY R  
 15193 E TRANQUILITY LAKE DR  
 DELRAY BEACH, FL 33446**

4. FEI Number  
**59-0860851**

Applied For  
 Not Applicable

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

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 rechartering.) DATE

Filing Fee is **\$61.25** Due by **May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

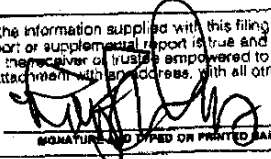
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
STD	MAHONEY, ROY R.	15193 E TRANQUILITY LAKE DR	DELRAY BEACH, FL	<input type="checkbox"/>
PD	SPAZIANO, MARIA R.	334 FLAMINGO LANE	DELRAY BCH, FL	<input type="checkbox"/>
VD	LAMBERTO, AUGUSTINE G	330 NE 165TH ST	MIAMI, FL 33162	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **ROY R MAHONEY** 03-30-04 561-496-5663

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #