

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006
Secretary of State

DOCUMENT# N19166

Entity Name: THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGION OF FLORIDA, INC.

Current Principal Place of Business:

AMERICAN LEGION POST 112
P O BOX 910
GOLDENROD, FL 32733 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 910
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 59-6136569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KUHN, CHARLES
4490 N GOLDENROD RD
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

MCCORMICK, JOHN
501 E CHURCH ST
ORLANDO, FL 32801 US

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.

SIGNATURE: JOHN MCCORMICK

08/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KUHN, CHARLES W
Address: 13507 LAKERS CT
City-St-Zip: ORLANDO, FL 32828

Title: FO () Delete
Name: MURPHY, FRANK D
Address: 1750 WINDSOR DR
City-St-Zip: WINTER PARK, FL 32789

Title: A () Delete
Name: ROSADO, ANTONIO
Address: 7735 RAVANA DR.
City-St-Zip: ORLANDO, FL 32822

Title: D () Delete
Name: COSTELLO, TED J
Address: 11329 ALAMEDA SANDRA DRIVE
City-St-Zip: CLERMONT, FL 347116628

Title: D () Delete
Name: MCCORMICK, JOHN
Address: 501 E CHURCH ST
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Delete
Name: GOMES, MANNY
Address: 361 HIDDEN PINES CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: GOMES, MANNY
Address: 710 DRYWOOD AVE
City-St-Zip: FERN PARK, FL 23730

Title: FO (X) Change () Addition
Name: SHANNON, DYKE E
Address: 2334 RIVERTREE CIR
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DYKE SHANNON

FO

08/21/2006

Electronic Signature of Signing Officer or Director

Date