


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N19166
 1. Entity Name
THE WINTER PARK MEMORIAL POST #112 AMERICAN LEGION OF FLORIDA, INC.



Principal Place of Business AMERICAN LEGION POST 112 P O BOX 910 GOLDENROD, FL 32733 US	Mailing Address P.O. BOX 910 GOLDENROD, FL 32733
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6136569	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
**MCCORMICK, JOHN
 501 E CHURCH ST
 ORLANDO, FL 32801**

DO NOT WRITE IN THIS SPACE

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, 2007**

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

U00000584414
01/12/07-80036-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOMES, MANNY 710 DRYWOOD AVE FERN PARK, FL 23730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO SHANNON, DYKE E 2334 RIVERTREE CIR SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ROSADO, ANTONIO 7735 RAVANA DR. ORLANDO, FL 32822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTELLO, TED J 11329 ALAMEDA SANDRA DRIVE CLERMONT, FL 347116628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, JOHN 501 E CHURCH ST ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 no address, with all other like empowered.

SIGNATURE:  **DYKE SHANNON, FO** **1-10-07 4073226126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #