


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90015 028 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	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			7. Name and Address of New Registered Agent	
MCCORMICK, JOHN 501 E CHURCH ST ORLANDO, FL 32801			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____				
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
				Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	P
NAME	GOMES, MANNY		NAME	TOM ROBERTS
STREET ADDRESS	710 DRYWOOD AVE		STREET ADDRESS	2354 FLAMINGO WAY
CITY-ST-ZIP	FERN PARK, FL 32730		CITY-ST-ZIP	WINTER PARK FL 32792
TITLE	FO	<input type="checkbox"/> Delete	TITLE	
NAME	SHANNON, DYKE E		NAME	
STREET ADDRESS	2334 RIVERTREE CIR		STREET ADDRESS	
CITY-ST-ZIP	SANFORD, FL 32771		CITY-ST-ZIP	
TITLE	A	<input checked="" type="checkbox"/> Delete	TITLE	S
NAME	ROSADO, ANTONIO		NAME	RICHARD HUNT
STREET ADDRESS	7735 RAVANA DR.		STREET ADDRESS	PO BOX 425
CITY-ST-ZIP	ORLANDO, FL 32822		CITY-ST-ZIP	GOLDENROD, FL 32733-0425
TITLE	D	<input type="checkbox"/> Delete	TITLE	
NAME	COSTELLO, TED J		NAME	
STREET ADDRESS	11329 ALAMEDA SANDRA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 347116628		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	
NAME	MCCORMICK, JOHN		NAME	
STREET ADDRESS	501 E CHURCH ST		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: _____		_____ DYKE SHANNON 2-1-08 407 3226126		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #