

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 14, 2009  
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:**

AMERICAN LEGION POST 112  
4490 N. GOLDENROD RD  
WINTER PARK, FL 32792 US

**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 ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

Title: S ( ) Delete  
Name: HUNT, RICHARD  
Address: POB 425  
City-St-Zip: GOLDENROD, FL 327330425

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: P ( ) Delete  
Name: ROBERTS, TOM  
Address: 2354 FLAMINGO WAY  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: COLBERT, ROBERT  
Address: PO BOX 5446  
City-St-Zip: WINTER PARK, FL 32792 54

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 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: JOHN MCCORMICK, PA

D

01/14/2009

Electronic Signature of Signing Officer or Director

Date