

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90069 042 ****61.50

DOCUMENT # N23174

1. Entity Name
**WEEKI WACHEE AMERICAN LEGION POST NO. 208,
INC.**



Principal Place of Business

**C/O MARY M. HINDS
4369 BLUEWATER AVENUE
SPRING HILL, FL 34606**

Mailing Address

**C/O MARY M. HINDS
4369 BLUEWATER AVENUE
SPRING HILL, FL 34606**



01092006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2722554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HINDS, MARY M.
4369 BLUEWATER AVENUE
SPRING HILL, FL 34606**

**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 reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HINDS, MARY M.
4369 BLUEWATER AVENUE
SPRING HILL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HINDS, RODGER E.
4369 BLUEWATER AVENUE
SPRING HILL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EDMONSTON, ROBERT
4406 MONTANO AVE
SPRING HILL, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

MARY M HINDS
Mary M Hinds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06

Date

352-683-5699

Daytime Phone #