2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N49668

1. Entity Name
MULBERRY MEMORIAL POST 72 AMERICAN LEGION INC.

Principal Place of Business	Mailing Address
1500 ST RD 37 N MULBERRY, FL 33860 US	1500 ST RD 37 N MULBERRY, FL 33860 US

01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2335319
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, JERRY
363 CRESTWOOD DR
MULBERRY, FL 33860

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable *(NOTE: Registered Agent signature required when reinstating)*

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	DVC
NAME	WILKERSON, JOHN
STREET ADDRESS	274 LAKE HURON DR
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	DVC
NAME	TITUS, DAVID C
STREET ADDRESS	5161 NORRIS LAKE CT
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	DVC
NAME	MITCHELL, JERRY
STREET ADDRESS	363 CRESTWOOD DR
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	MLD
NAME	HALL, ALAN P
STREET ADDRESS	2020 ST RD 37 SOUTH
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/06-80058-025 61.25

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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: Phyllis E. McDonald PHYLLIS E. McDONALD FINANCE OFFICE 1/23/06 863-425-0644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Date* *Daytime Phone #*