

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90121 039 ****61.25

DOCUMENT # N49668	
1. Entity Name MULBERRY MEMORIAL POST 72 AMERICAN LEGION INC.	

Principal Place of Business 1500 ST RD 37 N MULBERRY FL 33860 US	Mailing Address 1500 ST RD 37 N MULBERRY FL 33860 US
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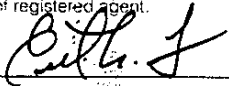
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent MITCHELL, JERRY 363 CRESTWOOD DR MULBERRY FL 33860	7. Name and Address of New Registered Agent Name ERNEST A FAIRLEY JR Street Address (P.O. Box Number is Not Acceptable) 305 W. Carter Rd. City Lakeland FL Zip Code 33813
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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.

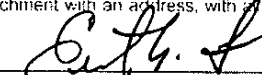
SIGNATURE  DATE **4/15/08**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC WILKERSON, JOHN 274 LAKE HURON DR MULBERRY FL 33860 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC Joseph Mesquita AS 6739 FARRIS DR. LAKELAND FL. 33811 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC TITUS, DAVID C 5161 NORRIS LAKE CT MULBERRY FL 33860 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC MITCHELL, JERRY 363 CRESTWOOD DR MULBERRY FL 33860 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MLD HALL, ALAN P 2020 ST RD 37 SOUTH MULBERRY FL 33860 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:  DATE **4/15/08** 863-619-8297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR