

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

1052

DOCUMENT # N95000001238

1. Entity Name

TARPON SPRINGS POST 46, THE AMERICAN LEGION,
TARPON SPRINGS, FL., INC.



FILED
06 OCT 27 PM 2:15

Principal Place of Business

1029 GULF RD. WEST
TARPON SPRINGS FL 34689

Mailing Address

139 E. TARPON AVE.
P.O. BOX 1265
TARPON SPRINGS FL 34688



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

REINSTATEMENT 2004

4. FEI Number NO-T APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TARAPANI, ABEL
750 BAYSHORE DRIVE
TARPON SPRINGS FL 34689

FAKLIS MICHAEL V.
139 E. TARPON AVE

Name FAKLIS MICHAEL V.

Street Address (P.O. Box Number is Not Acceptable)
139 E. TARPON AVE.

TARPON SPR. FL. 34689

City

FL

Zip Code
34689

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 MICHAEL V. FAKLIS

Michael V. Faklis

9/20/06

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAKLIS, MICHAEL V.
STREET ADDRESS 139 E TARPON AVE
CITY - ST - ZIP TARPON SPRINGS FL

TITLE SD
NAME TARAPANI, ABEL
STREET ADDRESS 750 BAYSHORE DRIVE
CITY - ST - ZIP TARPON SPRINGS FL 34689

TITLE D
NAME VAUGHAN, TROY
STREET ADDRESS 597 ISLAND AVE
CITY - ST - ZIP TARPON SPRINGS FL 34689

TITLE SEC.
NAME ELIADIS WILLIAM
STREET ADDRESS 643 TESSIER DR.
CITY - ST - ZIP TARPON SPR. FL. 34689

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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 life empowered.

SIGNATURE:

Michael V. Faklis

9/20/06

2042

Michael V. Faklis, Post Commander
American Legion Post 46
139 E. Tarpon Ave.
Tarpon Springs, FL 34689

October 6, 2006

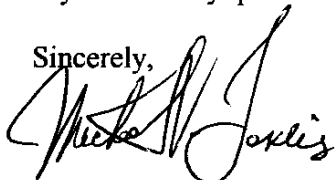
Ms. Kathy Ashton, Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Ashton:

In response to your letter dated 09/29/06, our Post's Service Officer was terminally ill and has since deceased. Therefore, we did not receive our annual report information until today. We called your office and we were told to send a letter requesting our reinstatement.

Due to the circumstances, we do not feel that we should have to pay a reinstatement fee. If you have any questions you can call me at: (727) 937-3602.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Faklis", written over the word "Sincerely,".

Michael V. Faklis, Commander