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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000005456

1. Corporation Name

AMERICAN LEGION CHERRY LAKE POST #224, INC.

Principal Place of Business

R #3 BOX 1001 MADISON FL 32340-9519

Mailing Address

R #3 BOX 1001 MADISON FL 32340-9519



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

APPLIED FOR 596-200682

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WREN, CATHARINE J R #3 BOX 1001 MADISON FL 32340-9519

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD NAME PLACZKOWSKI, DOANLD R STREET ADDRESS R 3 BOX 528 CITY-ST-ZIP MADISON FL 32340 [X] DELETE

TITLE CD NAME JONES, CLAUDE STREET ADDRESS R3 BOX 178 CITY-ST-ZIP GREENVILLE FL 32331 [X] DELETE

TITLE AD NAME WREN, CATHARINE J STREET ADDRESS R2 BOX 241-B CITY-ST-ZIP MADISON FL 32340 [X] DELETE

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

TITLE [] DELETE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Commander (director) [X] Change [] Addition 1.2 NAME Catharine J. Wren 1.3 STREET ADDRESS R #2 Box 241-B 1.4 CITY-ST-ZIP Madison, Florida 32340-9609

2.1 TITLE V-Commander (director) [X] Change [] Addition 2.2 NAME Michael E. Carroll 2.3 STREET ADDRESS R #3 Box 815 2.4 CITY-ST-ZIP Madison, Florida 32340-9517

3.1 TITLE Adjutant [X] Change [] Addition 3.2 NAME H. Gerald Nichols 3.3 STREET ADDRESS R #1 Box 134-B 3.4 CITY-ST-ZIP Pinetta, Florida 32350

4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Catharine J. Wren [Signature] 4-15-99 850-913-4295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)