

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90007 002 ****61.25

DOCUMENT # N97000005456

1. Entity Name

AMERICAN LEGION CHERRY LAKE POST #224, INC.

Principal Place of Business

Mailing Address

**R #3 BOX 1001
 MADISON FL 32340-9519**

**R #3 BOX 1001
 MADISON FL 32340-9519**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6200682

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Lewis N. Christmas II**

Street Address (P.O. Box Number is Not Acceptable)
R #3 Box 1275

City **Madison,** **FL** Zip Code **32340**

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.

SIGNATURE

Lewis N. Christmas, II: Post Adjutant 3/28/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** Delete
 NAME **WREN, CATHARINE**
 STREET ADDRESS **R #2 BOX 241-B**
 CITY-ST-ZIP **MADISON FL 32340-9609**

TITLE **CD** Change Addition
 NAME **CARROLL, MICHAEL**
 STREET ADDRESS **R #3 Box 815**
 CITY-ST-ZIP **Madison, Florida 32340**

TITLE **VCD** Delete
 NAME **CARROLL, MICHAEL**
 STREET ADDRESS **R #3 BOX 815**
 CITY-ST-ZIP **MADISON FL 32340-9517**

TITLE **VCD** Change Addition
 NAME **AUST, JOHN H.**
 STREET ADDRESS **904 S. Horry Street**
 CITY-ST-ZIP **Madison, Florida 32340**

TITLE **AD** Delete
 NAME **NICHOLS, GERALD H**
 STREET ADDRESS **R #1 BOX 134-B**
 CITY-ST-ZIP **PINETTA FL 32350**

TITLE **AD** Change Addition
 NAME **CHRISTMAS, LEWIS N.**
 STREET ADDRESS **R #3 Box 1275**
 CITY-ST-ZIP **Madison, Florida 32340**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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: **Michael Carroll; Commander** 3/28/2000 850-929-2953
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)