


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90013 033 \*\*\*\*61.25

**DOCUMENT # N97000005456**

1. Entity 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  
**4383 NE Cherry Lake Cr**

3. Mailing Address  
**4383 NE Cherry Lake Cr**

Suite, Apt. #, etc.

City & State  
**MADISON, FL**

City & State  
**MADISON, FL**

Zip  
**32340**

Country  
**MADISON**

4. FEI Number  
**59-6200682**

Applied For  
 Not Applicable

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



MOORE CR2E037 (4/04)

6. Name and Address of Current Registered Agent  
**GRAHAM, TOM  
RT 3 BOX 1016  
MADISON FL 32340**

7. Name and Address of New Registered Agent  
Name  
**Donald R. Placzowski**

Street Address (P.O. Box Number is Not Acceptable)  
**918 NE Post Rd**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Donald R. Placzowski, Commander Donald R. Placzowski** **7/28/04**

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

**FILE NOW: FEE IS \$61.25**  
**Due By: September 8, 2004**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GRAHAM, TOM</b> <b>RT 3 BOX 1016</b> <b>MADISON FL 32340</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>SMITH, HENRY</b> <b>3348 UNION CHURCH RD</b> <b>QUITMAN GA 31643</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FO</b> <b>SMITH, HENRY</b> <b>3348 UNION CHURCH RD</b> <b>QUITMAN GA 31643</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Commander</b> <b>Donald R. Placzowski</b> <b>918 NE Post Rd</b> <b>MADISON, FL 32340</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Adjutant</b> <b>Eugene A. Gaffin</b> <b>3536 NE Cherry Lake Cr.</b> <b>Pine Hall, FL 32380</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Finance Officer</b> <b>William R. Housh</b> <b>P.O. Box 271</b> <b>Pine Hall, Fla. 32350</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Donald R. Placzowski** **Donald R. Placzowski** **8/5/04** **850-929-2953**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #