


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005456
 1. Entity Name
 AMERICAN LEGION CHERRY LAKE POST #224, INC.



Principal Place of Business
 4383 NE CHERRY LAKE CR
 MADISON, FL 32340

Mailing Address
 4383 NE CHERRY LAKE CR
 MADISON, FL 32340



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-6200682

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PLACZKOWSKI, DONALD R
 918 NE POST RD
 MADISON, FL 32340

DO NOT WRITE IN THIS SPACE

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. Placzkowski Donald R. Placzkowski JAN. 4, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PLACZKOWSKI, DONALD R 918 NE POST RD MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A GRIFFEN, EUGENE A 2536 NE CHERRY LAKE CR PINETTA, FL 32350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO HOUSH, WILLIAMM P P.O. BOX 271 PINETTA, FL 32350
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 like empowered.

SIGNATURE: Donald R. Placzkowski Donald R. Placzkowski 1/4/06 850-929-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #