

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90060 023 ****61.25



DOCUMENT # N97000005456

1. Entity Name

AMERICAN LEGION CHERRY LAKE POST #224, INC.

Principal Place of Business

Mailing Address

4383 NE CHERRY LAKE CR
 MADISON FL 32340

4383 NE CHERRY LAKE CR
 MADISON FL 32340



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLACZKOWSKI, DONALD R
 918 NE POST RD
 MADISON FL 32340

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	PLACZKOWSKI, DONALD R	
STREET ADDRESS	918 NE POST RD	
CITY- ST- ZIP	MADISON FL 32340	
TITLE	A	<input checked="" type="checkbox"/> Delete
NAME	GRIFFEN, EUGENE A	
STREET ADDRESS	2536 NE CHERRY LAKE CR	
CITY- ST- ZIP	PINETTA FL 32350	
TITLE	FO	<input checked="" type="checkbox"/> Delete
NAME	HOUSH, WILLIAM P	
STREET ADDRESS	P.O. BOX 271	
CITY- ST- ZIP	PINETTA FL 32350	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dwight Barber	
STREET ADDRESS	731 N.E. Rootman Rd.	
CITY- ST- ZIP	Madison, Fla. 32340	
TITLE	Adjutant	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Straham	
STREET ADDRESS	1087 E. Santoline Loop	
CITY- ST- ZIP	Madison, Fla. 32340	
TITLE	William R. Housh	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Finance Officer	
STREET ADDRESS	P.O. Box 271	
CITY- ST- ZIP	Pinetta, Fla. 32350	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Section 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: William R. Housh William R. Housh 2-12-07 850-929-7587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #