

**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  Delete  
 NAME: PLACZKOWSKI, DONALD R  
 STREET ADDRESS: 918 NE POST RD  
 CITY-STATE-ZIP: MADISON FL 32340

TITLE:  Change  Addition  
 NAME: *Commander Dwight Barber*  
 STREET ADDRESS: *731 N.E. Rootman Rd.*  
 CITY-STATE-ZIP: *Madison, Fla. 32340*

TITLE: A  Delete  
 NAME: GRIFFEN, EUGENE A  
 STREET ADDRESS: 2536 NE CHERRY LAKE CR  
 CITY-STATE-ZIP: PINETTA FL 32350

TITLE:  Change  Addition  
 NAME: *Adjutant Thomas Graham*  
 STREET ADDRESS: *1087 E. Santoline Loop*  
 CITY-STATE-ZIP: *Madison, Fla. 32340*

TITLE: FO  Delete  
 NAME: HOUSH, WILLIAM M P  
 STREET ADDRESS: P.O. BOX 271  
 CITY-STATE-ZIP: PINETTA FL 32350

TITLE:  Change  Addition  
 NAME: *William R. Housh*  
 STREET ADDRESS: *Finance Officer*  
 CITY-STATE-ZIP: *P.O. Box 271 Pinetta, Fla. 32350*

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-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* *J-12-07* *850-929-7587*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #