

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005456

FILED
Apr 21, 2009
Secretary of State

Entity Name: AMERICAN LEGION CHERRY LAKE POST #224, INC.

Current Principal Place of Business:

4383 NE CHERRY LAKE CR
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

4383 NE CHERRY LAKE CR
MADISON, FL 32340

New Mailing Address:

FEI Number: 59-6200682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, DWIGHT
731 NE RODMAN RD.
MADISON, FL 32340 US

Name and Address of New Registered Agent:

BARBER, DWIGHT
731 NE ROOTMAN RD.
MADISON, FL 32340 US

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: DWIGHT BARBER

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: BARBER, DWIGHT
Address: 731 NE ROOTMAN RD.
City-St-Zip: MADISON, FL 32340

Title: A () Delete
Name: DUNN, TIMOTHY
Address: 233 ARMADILLO TRAIL
City-St-Zip: MADISON, FL 32340

Title: FO () Delete
Name: HOUSH, WILLIAM P
Address: P.O. BOX 271
City-St-Zip: PINETTA, FL 32350

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: A (X) Change () Addition
Name: WESTERMAN, DAVID
Address: 426 NE CR 150
City-St-Zip: MADISON, FL 32340

Title: FO (X) Change () Addition
Name: HOUSH, WILLIAM R SR
Address: P.O. BOX 694
City-St-Zip: GREENVILLE, FL 32331

Title: 1VC () Change (X) Addition
Name: WREN, CATHARINE J
Address: 744 NE DILL STREET
City-St-Zip: MADISON, FL 32340

Title: 2VC () Change (X) Addition
Name: VIGEANT, TOM
Address: 160 NE OLIVE STREET
City-St-Zip: PINETTA, FL 32350

Title: JA () Change (X) Addition
Name: GRAHAM, THOMAS
Address: 108 NE SANTOLINA LOOP
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. HOUSH,SR.

FO

04/21/2009

Electronic Signature of Signing Officer or Director

Date