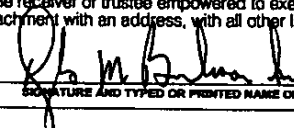


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90005 012 ****61.25

DOCUMENT # 769153					
1. Entity Name FRANK MARSTON POST 33, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA					
Principal Place of Business 1401 W INTENDENCIA ST. PENSACOLA, FL 32593-7504			Mailing Address P O BOX 504 PENSACOLA, FL 32591		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6200799	
Zip		Country		Applied For Not Applicable	
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		
BURLESON, DOUGLASS M 1725 E CERVANTES ST PENSACOLA, FL 32501			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 reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 PC NAME BURLESON, DOUG STREET ADDRESS 1725 E CERVANTES ST CITY - ST - ZIP PENSACOLA, FL 32501	☒ Delete		TITLE PC Riddles, Paul D. NAME 4695 Durham Dr. STREET ADDRESS Pensacola, FL 32526 CITY - ST - ZIP	☒ Change ☐ Addition	
TITLE 1VC NAME RIDDLES, PAUL D STREET ADDRESS 4695 DURHAM DR CITY - ST - ZIP PENSACOLA, FL 32526	☒ Delete		TITLE Name of New D. NAME Douglas M. Dulasen Jr STREET ADDRESS 1725 E. CERVANTES ST. CITY - ST - ZIP Pensacola, FL 32501	☒ Change ☐ Addition	
TITLE VCD NAME PELS, ED STREET ADDRESS 114 W LAKEVIEW AVE CITY - ST - ZIP PENSACOLA, FL 32501	☐ Delete		TITLE Director, NAME Paul, Edwin STREET ADDRESS 2510 W. JACKSON ST CITY - ST - ZIP Pensacola, FL 32503	☒ Change ☐ Addition	
TITLE D NAME BREEZE, BERNARD STREET ADDRESS 33 ADKINSON DR CITY - ST - ZIP PENSACOLA, FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE D NAME FOREHAND, CHARLSE D STREET ADDRESS 3211 PATRICIA DR CITY - ST - ZIP PENSACOLA, FL	☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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: 			2-8-08 850-438-0436		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		