

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761997

Entity Name: PINE ISLAND POST #136, INCORPORATED, THE AMERICAN
LEGION, PINE ISLAND, LEE COUNTY, FLORIDA**FILED**
Jan 24, 2013
Secretary of State
CC2013514396**Current Principal Place of Business:**4106 STRINGFELLOW RD., NW
ST. JAMES CITY, FL 33956**Current Mailing Address:**PO BOX 776
ST. JAMES CITY, FL 33956**FEI Number: 59-2013624****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**JWJ ASSOCIATES
C/O BARRY WOODROW
1059 NE PINE ISLAND RD.
CAPE CORAL, FL 33909 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CMDR
Name	AUGUST, BARRY
Address	2384 SYCAMORE AVE
City-State-Zip:	ST JAMES CITY FL 33956

Title	FIN
Name	CONGDON, JERRY
Address	4477 COURTNEY RD
City-State-Zip:	SAINT JAMES CITY FL 33956

Title	2D
Name	RATAJ, JOSEPH
Address	3184 STRINGFELLOW RD
City-State-Zip:	SAINT JAMES CITY FL 33956

Title	ADJ
Name	AUGUST, BARRY
Address	2384 SYCAMORE ST.
City-State-Zip:	ST JAMES CITY FL 33956

Title	1ST
Name	MILLER, BRUCE
Address	4975 PORKY LANE
City-State-Zip:	SAINT JAMES CITY FL 33956

Title	PAST
Name	VALLEE, JOSEPH G
Address	2921 BOWSPIRIT AVE
City-State-Zip:	ST JAMES CITY FL 33956

I hereby 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 all other like empowered.

SIGNATURE: JERRY CONGDON**FINANCE OFFICER****01/24/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date