

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005456

**FILED**  
**Jan 31, 2015**  
**Secretary of State**  
**CC3024792757**

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

**Current Principal Place of Business:**

4383 NE CHERRY LAKE CR  
MADISON, FL 32340

**Current Mailing Address:**

4383 NE CHERRY LAKE CR  
MADISON, FL 32340

**FEI Number:** 59-6200682

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BARBER, DWIGHT  
731 NE ROOTMAN ROAD  
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

01/31/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name CHANDLER, JERRY  
Address PO BOX 125  
City-State-Zip: LEE FL 32059

Title FO  
Name BARBER, DWIGHT  
Address 731 NE ROOTMAN RD  
City-State-Zip: MADISON FL 32340

Title A  
Name NAGY, WILLIAM S  
Address 3540 COURTNEY RD  
City-State-Zip: PERRY FL 32347

Title 2VC  
Name WREN, CATHARINE J  
Address 744 NE DILL STREET  
City-State-Zip: MADISON FL 32340

Title 1VC  
Name BENNETT, GARY  
Address P.O. BOX 417  
City-State-Zip: JENNINGS FL 32053

Title JA  
Name GRAHAM, THOMAS  
Address 108 NE SANTOLINA LOOP  
City-State-Zip: MADISON FL 32340

*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:** DWIGHT BARBER

**FINANCE OFFICER**

01/31/2015

Electronic Signature of Signing Officer/Director Detail

Date