

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90039 001 ****61.25

DOCUMENT # 700215

1. Entity Name
**DAVIS-SIKES POST NO. 296, AMERICAN LEGION
DEPARTMENT OF FLORIDA, INC.**



Principal Place of Business
**DAVIS-SIKES POST 296
311 MAIN ST
DESTIN, FL 32541 US**

Mailing Address
**P.O. BOX 218
DESTIN, FL 32540 US**

54009700



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number **3**
59-6200343 **59-6200343** 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

**WENDEL S. JONES
JONES ACCOUNTING SERVICE
NICEVILLE, FL 32578**

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, 2004**

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

TITLE **D** ☒ Delete
NAME **SHAHER, JAMES**
STREET ADDRESS **730 BAYSHORE DR.**
CITY-ST-ZIP **DESTIN, FL 32550**

TITLE **DT** ☐ Delete
NAME **JONES, WENDEL**
STREET ADDRESS **322 23RD ST.**
CITY-ST-ZIP **NICEVILLE, FL 32578**

TITLE **D** ☒ Delete
NAME **ELLIS, DWIGHT**
STREET ADDRESS **272 WINGSTON MANPR RD.**
CITY-ST-ZIP **SANTA ROSA BEACH, FL 32459**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **COMMITTEE** ☐ Change ☒ Addition
NAME **HOAG, ROBERT J**
STREET ADDRESS **91 COUNTRY CLUB DR W**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
NAME **JONES, WENDEL**
STREET ADDRESS
CITY-ST-ZIP

TITLE **(ADJUTANT)** ☐ Change ☒ Addition
NAME **CRAIG MORRISON**
STREET ADDRESS **84 COUNTRY CLUB DR W**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Treasurer

2-19-04

850

857-3818