## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #700215**

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



FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90069 042 \*\*\*\*61.25

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		ł				
	02077								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162008	Chg-NP	CR2E037 (12/06	3)	
City & State		City & State		•	4. FEI Number 59-62003	43		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of	Status Desired	□ \$8.75 . Fee Requ	Additional iired	
	6. Name and Address of Current	Registered Agent			7. Name and Ad	idress of New Re	gistered Agent		
BOURQUE	E, RAYMOND J	Name Roll		≥ober	ert Perez				
804 HARBOR LANE DESTIN, FL 32541		Street Addre		ddress (P	S (P.O. Box Number is Not Acceptable)				
			City T	reati	n		FL 翌	ode (CU)	
	named entity submits this statement for	or the purpose of changing its	registered office or	registere	d agent, or both, i	n the State of Flor	ida. I am familiar w	th, and accept	
	-								
SIGNATURE .	Signature, typed or printed name of registered agent	and tale if applicable. (NOTE	E Registered Agent signatu	re remured w	when remetstron)		DATE		
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	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees	Floric	ke check payabl la Department of	State	
10.	Due by May 1, 2008 OFFICERS AND DI	Trust Fund C	Contribution.	ر ليا Ai	Added to Fees  DDITIONS/CHAN	Florid		State	
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	Due by May 1, 2008 OFFICERS AND DI	Trust Fund C	Contribution.	LJ AI Con	Added to Fees  DDITIONS/CHAN-  VMANDEX  M GOVA  1 Bay Co	GES TO OFFICER  Ner  UV +	la Department of S AND DIRECTORS	State IN 10	
TITLE NAME	OFFICERS AND DI C CLARK, TERRY 2141 ESTATE CIR NAVARRE, FL 32566	Trust Fund C	TITLE NAME	Con Joh	Added to Fees  DDITIONS/CHAN-  VMANDEX  M GOVA  1 Bay Co	Floric GES TO OFFICER	la Department of S AND DIRECTORS	State IN 10	
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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 exactly 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:** 

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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