

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90024 011 \*\*\*\*61.25

<b>DOCUMENT # 701687</b>			
1. Entity Name <b>THE PORT CHARLOTTE POST NO 110 THE AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.</b>			
Principal Place of Business <b>AMERICAN LEGION POST 110 PORT CHARLOTTE FL 33952 US</b>		Mailing Address <b>3152 HARBOR BLVD PT CHARLOTTE FL 33952 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/07)

4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>TUFTS, JOHN W 119 REVERE ST PORT CHARLOTTE FL 33952</b>				7. Name and Address of New Registered Agent			
Name <b>JOSEPH BALLARO</b>				Street Address (P.O. Box Number is Not Acceptable) <b>122 SEVILLE PLACE</b>			
City <b>Port Charlotte</b>				State <b>FL</b>		Zip Code <b>33952</b>	

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 JOSEPH BALLARO *Joseph Ballaro* 1-31-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to: Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLEMAN, JOHN R 3156 PORT CHARLOTTE BLVD PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GEORGE JOHNSTON 11440 SW COURTNEY DR. LAKE SUZY, FL 34269	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURPHY, CHARLES 2192 PELLAM BLVD PORT CHARLOTTE FL 33948	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DON GRUDT 2556 BALTIC AVE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CORNO, ROBERT 3650 E ST UNIT 304 PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOSEPH BALLARO 122 SEVILLE PL PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOTH, LOUIS A 22523 WESTCHESTER BOULEVARD PORT CHARLOTTE FL 33980	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARK PHILLIPS 814 SPRINGVIEW AVE NW PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FRANK, DONALD J 119 REVERE ST PORT CHARLOTTE FL 33954	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T JILL LOSH 1445 RED OAK LN PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP OLIVER, DAVID B 1234 STRASBURG DRIVE PORT CHARLOTTE FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JAMES D. MARTIN 1445 RED OAK LN PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jill D. Losh *Jill D. Losh* 1-31-08 (941)629-7446