

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701826

FILED
Jan 17, 2007
Secretary of State

Entity Name: BELLEVIEW POST #284 THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Current Principal Place of Business:

5528 S.E. 109TH STREET
PO BOX 1150
BELLEVIEW, FL 33421 US

New Principal Place of Business:

5528 S.E. 109TH STREET
BELLEVIEW, FL 33421 US

Current Mailing Address:

5528 S.E. 109TH STREET
PO BOX 1150
BELLEVIEW, FL 34421 US

New Mailing Address:

FEI Number: 59-6200414 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HEARLSON, PHILLIP R
14050 S.E. 53RD AVE.
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: AMERINE, RON
Address: PO BOX 716
City-St-Zip: BELLEVIEW, FL 34421

Title: FO () Delete
Name: HEARLSON, PHILLIP
Address: 14050 SE 53RD AVE
City-St-Zip: SUMMERFIELD, FL 34491

Title: VCD () Delete
Name: SIZEMORE, DAVID
Address: 2950 N.E. 52ND CT. J-44
City-St-Zip: SILVER SPRINGS, FL 34488

Title: VD () Delete
Name: WILBUR, JULIUS
Address: 9821 SE 140TH ST
City-St-Zip: SUMMERFIELD, FL 34491

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CMDR (X) Change () Addition
Name: SIZEMORE, DAVID N
Address: 2950 NE52ND CT J44
City-St-Zip: SILVER SPRINGS, FL 34488

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCD (X) Change () Addition
Name: STYKES, PAM
Address: 10761 SE 72ND TER.
City-St-Zip: BELLEVIEW, FL 34420

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID N SIZEMORE

CMDR

01/17/2007

Electronic Signature of Signing Officer or Director

Date