2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 701826

FILED Feb 05, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 5528 S.E. 109TH STREET 5515 S.E. 109TH STREET BELLEVIEW, FL 33421 BELLEVIEW, FL 33420 **Current Mailing Address: New Mailing Address:** 5528 S.E. 109TH STREET PO BOX 1150 PO BOX 1150 BELLEVIEW, FL 34421 US BELLEVIEW, FL 34421 US FEI Number: 59-6200414 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HEARLSON, PHILLIP R 14050 S.E. 53RD AVE. SUMMERFIELD, FL 34491 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete **CMDR** () Change () Addition SIZEMORE, DAVID N Name: Name: 2950 NE52ND CT J44 Address: Address: City-St-Zip: SILVER SPRINGS, FL 34488 City-St-Zip: Title: FO () Delete Title: () Change () Addition HEARLSON, PHILLIP Name: Name: Address: 14050 SE 53RD AVE Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: Title: VCD () Delete Title: VCD (X) Change () Addition STYKES, PAM Name: MONTGOMERY, GERALD Name: Address: 10761 SE 72ND TER. Address: 9196 SW 32 CT City-St-Zip: BELLEVIEW, FL 34420 City-St-Zip: OCALA, FL 34476 Title: VD () Delete Title: () Change () Addition WILBUR, JULIÚS Name: Name: Address: 9821 SE 140TH ST Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PHILLIP R HEARLSON FO 02/05/2008