

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90082 041 ****61.25

DOCUMENT # 704566

1. Entity Name
**AMERICAN LEGION POST 120 HOLLY HILL, FLORIDA,
INC.**



Principal Place of Business

**461 WALKER STREET
HOLLY HILL, FL 32117**

Mailing Address

**461 WALKER STREET
HOLLY HILL, FL 32117**

DO NOT WRITE IN THIS SPACE

40007910



01192006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2012618

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AGENS, MAURICE
1633 RIVERSIDE DR
HOLLY HILL, FL 32117**

**DO NOT WRITE
IN THIS SPACE**

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

Maurice Agens

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-23-06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	CARTER, JAMES A
STREET ADDRESS	1278 CEDAR CIRCLE #2
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	P
NAME	PERKINS, ROBERT W
STREET ADDRESS	1057 ALTA DR
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	TD
NAME	AGENS, MAURICE
STREET ADDRESS	1633 RIVERSIDE DR
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	TD
NAME	BACON, EDWARD
STREET ADDRESS	855 S. NOVA RD., L-10
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	TD
NAME	MELLETTE, JOHN D
STREET ADDRESS	1740 PALM DR
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	V
NAME	ROBERT C. BHOSEY
STREET ADDRESS	32 OAKBRIDGE Circle
CITY-ST-ZIP	ORMOND B, FL

**DO NOT WRITE
IN THIS SPACE**

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 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:

Maurice S Agens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-23-06