

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704566

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

461 WALKER STREET
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

461 WALKER STREET
HOLLY HILL, FL 32117

New Mailing Address:

FEI Number: 59-2012618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

PERKINS, ROBERT
1057 ALTA DR.
HOLLY HILL, FL 32117 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: ROBERT PERKINS

02/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERKINS, ROBERT W
Address: 1057 ALTA DR
City-St-Zip: HOLLY HILL, FL 32117

Title: TD () Delete
Name: AGENS, MAURICE
Address: 1633 RIVERSIDE DR
City-St-Zip: HOLLY HILL, FL 32117

Title: TD () Delete
Name: SCHWABE, ARTHUR
Address: 35 SEA GULL DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: MELLETTE, JOHN D
Address: 1740 PALM DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: RHODEY, ROBERT C
Address: 32 OAKBRIDGE CIR
City-St-Zip: ORMOND BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEERING, ROBERT
Address: 328 DUBS DR.
City-St-Zip: HOLLY HILL, FL 32117

Title: TD (X) Change () Addition
Name: BREWER, ESTHER
Address: 1000 WALKER ST LOT 220
City-St-Zip: HOLLY HILL, FL 32117

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

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

Title: () Change () Addition
Name:
Address:
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: ROBERT PERKINS

OR

02/19/2009

Electronic Signature of Signing Officer or Director

Date