## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 22, 2006 8:00 am Secretary of State **DOCUMENT # 706358** 02-22-2006 90015 011 \*\*\*\*61.25 AMERICAN LEGION HOLDING COMPANY Principal Place of Business Mailing Address 22 LEGION LANE 22 LEGION LANE COCOA FL 32922-7782 COCOA FL 32922-7782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-0700781 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRIAN, DANNY R Street Address (P.O. Box Number is Not Acceptable) 22 LEGION LANE COCOA FL 32923 City Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registored agent and title il applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. WAKe Field, Ken TITLE ☐ Delete TITLE NAME HERRIAN, DANNY R NAME 328 ROBYN ST. STREET ADDRESS 22 LEGION LANE STREET ADDRESS **COCOA FL 32923** CITY-ST-ZIP CITY-ST-ZIP COCOA, FL VD Delete TITLE ☐ Change ☐ Addition NAME FLAVIN, PEGGY NAME 22 LEGION LANE STREET ADDRESS STREET ADDRESS COCOA FL 32922 CITY-ST-7IP CITY-ST-ZIP TITLE TD ☐ Delete TOTALE Change \_\_\_\_ Addition NAME TOLL, TIM NAME STREET ADDRESS 22 LEGION LANE STREET ADDRESS CITY-ST-ZIP COCOA FL 32922 CITY-ST-ZIP SD ☐ Delete ☐ Change ☐ Addition NAME CEVETELLO, BOB STREET ADDRESS 22 LEGION LANE STREET ADDRESS CITY-ST-7IP COCOA FL 32922 CITY-ST-ZiP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 receive 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 attachm

**FILED**