

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

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90067 010 ****61.25

DOCUMENT # 708964

1. Entity Name

AMERICAN LEGION POST 323 OF LEHIGH ACRES,
FLORIDA, INC.



Principal Place of Business

1124 ASHLAR AVE.
P.O. BOX 851
LEHIGH ACRES FL 33970-0851
US

Mailing Address

1124 ASHLAR AVE.
P. O. BOX 851
LEHIGH ACRES FLA 33970-0851
US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

PO Box 851

1st MOORE

CR2E037 (10/05)

City & State

City & State
Lehigh Acres, FL.

4. FEI Number

59-1366558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

STEELE, HENRY D.
710 WILLOW DR
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent

Name **Robert Reed**

Street Address (P.O. Box Number is Not Acceptable)

25 Richmond Ave

City **Lehigh Acres**

FL

Zip Code
33936

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

Robert R. Reed **Robert R. Reed Pcm**

4/7/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCM** ☐ Delete
NAME **GRIFFITHS, WILLIAM R.**
STREET ADDRESS **1202 3RD STREET EAST**
CITY-ST-ZIP **LEHIGH ACRES FL 33972**

TITLE **TD** ☐ Delete
NAME **REED, ROBERT R.**
STREET ADDRESS **25 RICHMOND AVE.**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **VD** ☒ Delete
NAME **GRAS, JAMES K.**
STREET ADDRESS **19999 LAKE VISTA CIRCLE # 2**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **VD** ☒ Delete
NAME **STEELE, HENRY D**
STREET ADDRESS **710 WILLOW DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCM** ☒ Change ☐ Addition
NAME **Reed, Robert R.**
STREET ADDRESS **25 RICHMOND AVE.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **VD** ☐ Change ☒ Addition
NAME **Charles Coiner, Charles E**
STREET ADDRESS **408 Leeland Heights Blvd.**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **VD** ☐ Change ☒ Addition
NAME **HALL, DEANNA M**
STREET ADDRESS **1 PARKWOOD VILLIS CT**
CITY-ST-ZIP **Lehigh Acres, FL 33936**

TITLE **TD** ☒ Change ☐ Addition
NAME **GRIFFITHS, WILLIAM R.**
STREET ADDRESS **1202 3RD ST E.**
CITY-ST-ZIP **Lehigh Acres, FL 33972**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 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:

Robert R. Reed **Robert R. Reed**

4/7/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Noting Phone #