2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709130

Jan 15, 2009 Secretary of State

Entity Name: SAFETY HARBOR POST #238 INCORPORATED, THE AMERICAN LEGION, SAFETY HARBOR,

FLORIDA

Current Principal Place of Business: New Principal Place of Business:

900 MAIN ST.

SAFETY HARBOR, FL 34695 US

Current Mailing Address: New Mailing Address:

900 MAIN ST.

SAFETY HARBOR, FL 34695 US

FEI Number: 59-1198384 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:

PARADISE, GEORGE T CDR COUGHLIN, JOESPH F CDR 900 MAIN STREET 900 MAIN STREET

SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 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: JOSEPH F. COUGHLIN 01/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDR () Delete Title: CDR (X) Change () Addition

Name: PARADISE, GEORGE T Name: COUGHLIN, JOSEPH F

Address: 900 MAIN ST Address: 900 MAIN ST

City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: F () Delete Title: 2ND (X) Change () Addition

Name: COUGHLIN, JOSEPH F Name: BURGESS, JAMES C

Address: 900 MAIN ST. Address: 900 MAIN ST.

City-St-Zip: SAFETY HARBOR, FL 34695 US City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: F () Delete Title: FIN (X) Change () Addition Name: GREGORY, THERESA A Name: ZBIKOWSKI, THOMAS J

Address: 900 MAIN ST Address: 900 MAIN ST

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695

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: THOMAS J. ZBIKOWSKI FIN 01/15/2009