

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709721

FILED
Jan 29, 2009
Secretary of State

Entity Name: JACKSONVILLE MEMORIAL POST NO. 88, THE AMERICAN LEGION DEPARTMENT OF FLORIDA INC.

Current Principal Place of Business:

3662 SPRING PARK RD.
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

3662 SPRING PARK RD.
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-0575716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVITT, C F
3662 SPRING PARK RD.
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LEVITT, CHARLES
Address: 3662 SPRING PARK RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: FO () Delete
Name: TOWNSON, HENRY L
Address: 3662 SPRING PARK RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: SD () Delete
Name: ROY, KING
Address: 3662 SPRING PARK RD
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: COMBS, H B
Address: 3662 SPRING PARK RD
City-St-Zip: JACKSONVILLE, FL 32207

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: CF LEVITT

TD

01/29/2009

Electronic Signature of Signing Officer or Director

Date