## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #710679**

SIGNATURE:

LOFLEY HINSON POST NO 162, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.



## **FILED** Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90252 002 \*\*\*\*61.25

120.011,	DEFFICIENCE OF TEORE	51 (j. 11 ( <b>5</b> )		A TIEF						
820 SE 8TH	ce of Business AVE. BEACH, FL 33441	Mailing Address 820 SE 8TH AVE. DEERFIELD BEACH, FL 33441				: Alt <b>- Bulla :</b> Alter <b>: Bulla : Al</b>	n Gigu Brek G	Bri Brilli Brilli 20	imi <b>r</b> i Bi ( <b>ro</b> i	
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-NP	CR2E0	37 (12/06)		
City & State		City & State		··· · · · · · · · · · · · · · · · · ·	4. FEI Number 59-6200	330		· -	oplied For	
Zip	Country	Zīp Cou		ntry	5 Certificate of Status Desired   \$8			\$8.75 Ad	Not Applicable  8.75 Additional be Required	
6. Name and Address of Current Registered Agent			1		7. Name and A	ddress of New F	Registered		<del></del>	
, ' Nan					7. Name and Address of New Registered Agent C-/ C ア(こいいん)					
33 SE 7TH	, DENNIS A 1 ST	Street Ad			ress (P.O. Box Number is Not Acceptable)					
SUITE N BOCA RA	TON, FL 33432	<del></del>			PIELS BENEA, PL 3344/					
			City			FL	Zip Coo	le		
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 01/05/0)										
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature required	I when reinstating)		DATE	702	<del></del>	
Filing Fee is \$61.25  Due by May 1, 2007  9. Election Campaign Financing Trust Fund Contribution.					\$5.00 May 8e Make check payable to Added to Fees Florida Department of State					
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHAP	NGES TO OFFICE	RS AND D	RECTORS IN	l 10	
TILE	PD	Delete	ITTLE	PU	HAEL N		( .	☐ Change	Addition	
NAME STREET ADDRESS	HOCT, JOHN N 424 GARDENIA CT	, -	NAME	M16	oc.e.s	NUE	74			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			ST-ZIP	MAIGN	ROAPH	D -	> > \	,	
TITLE	VD	☐ Delete	TITLE	VAC	ic Pie	1260,000	<u>/ L                                    </u>	Change	Addition	
NAME	HOLDEN, WILLIAM T	is out to	NAME					CT CHENSO		
STREET ADDRESS	5011 NE 2ND AVENUE				45 5.8.			~ ~ .	.	
CITY-ST-ZIP	POMPANO BEACH, FL 33064		ÇITY-	ST-ZIP DE	ENFIEL	& BEDGE	HIF	<u>c. 33'</u>	44/	
TITLE NAME		☐ Delete	TITLE	1				☐ Change	Addition	
STREET ADDRESS		-		ET ADDRESS						
CITY-ST-ZIP			CITY	ST-ZIP					i	
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME	· I						
STREET ADDRESS CITY-ST-ZIP				ET ADORESS ST-ZIP						
MILE		☐ Delete	TITLE					☐ Change	Addition	
NAME .		CLI DOIGC	NAME	- 1				C. Manika	L. AGURRA	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP		<del></del>	_	ST-ZIP					_ <u></u>	
TITLE Name		☐ Delete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS				T ADDRESS						
CITY-ST-ZIP				ST-ZIP						
12. I hereby	certify that the information supplied with on this report or supplemental report is	this filing does not qualify fo	r the exe	notions contained	in Chapter 119, F	londa Statutes. I	further cert	fy that the in	formation	
indicated	on this recort of supplemental report is	ittiin and eccurate and that r	nv sinnati	ire shall have the s	e trotte lenal ame:	is if made under o and that my name	hath: that I c	on an officer	ar diractor	