

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711566

FILED
Jan 05, 2009
Secretary of State

Entity Name: AMERICAN LEGION POST # 286, INCORPORATED

Current Principal Place of Business:

529 FAIRLANE AVE
ORLANDO, FL 32809 US

New Principal Place of Business:

Current Mailing Address:

529 FAIRLANE AVE
ORLANDO, FL 32809 US

New Mailing Address:

FEI Number: 59-1157050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOWALTER, DEBIE
5881 PORPOISE LANE
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

SHOWALTER, DEBIE
5881 PORPOISE LANE
ORLANDO, FL 32822 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:

01/05/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOWALTER, BOB
Address: 5881 PORPOISE LANE
City-St-Zip: ORLANDO, FL 32822

Title: VD () Delete
Name: LEAVITT, JOHN
Address: 6811 CHAUCER LANE
City-St-Zip: ORLANDO, FL 32809

Title: VD () Delete
Name: ROSSMAN, ROB
Address: 5019 KEMPSTON DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: SHOWALTER, DEBIE
Address: 5881 PORPOISE LANE
City-St-Zip: ORLANDO, FL 32822

Title: T () Delete
Name: BUSCHER, WALTER
Address: 109 W. BUCHANON AVE.
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEAVITT, JOHN
Address: 6811 CHAUCER LANE
City-St-Zip: ORLANDO, FL 32809

Title: VD (X) Change () Addition
Name: SHOWALTER, BOB
Address: 5881 PORPOISE LANE
City-St-Zip: ORLANDO, FL 32822

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

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

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

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: DEBIE SHOWALTER

SD

01/05/2009

Electronic Signature of Signing Officer or Director

Date