

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711566

FILED  
Feb 11, 2010  
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:**

529 E. FAIRLANE AVE  
ORLANDO, FL 32809 US

**Current Mailing Address:**

529 FAIRLANE AVE  
ORLANDO, FL 32809 US

**New Mailing Address:**

529 E. FAIRLANE AVE  
ORLANDO, FL 32809 US

**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 32822 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: PD  
Name: TYSON, DAVID  
Address: 5806 ROCKWOOD AVE  
City-St-Zip: ORLANDO, FL 32839

Title: VD  
Name: SHOWALTER, BOB  
Address: 5881 PORPOISE LANE  
City-St-Zip: ORLANDO, FL 32822

Title: VD  
Name: AMODIO, PAT  
Address: 6100 GLEN BARR AVE  
City-St-Zip: ORLANDO, FL 32809

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEBIE SHOWALTER

SD

02/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date