

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 711581

1. Entity Name

ORMOND BEACH POST NO. 267, INC., DEPARTMENT
OF FLORIDA, THE AMERICAN LEGION



Principal Place of Business

156 NEW BRITAIN AVENUE
ORMOND BCH. FL 32174-5626

Mailing Address

156 NEW BRITAIN AVENUE
ORMOND BCH. FL 32174-5626

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

23-7178739

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

ARMSTRONG, MICHAEL
36 ORMOND GREEN BLVD.
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TARUS, JAMES
STREET ADDRESS 27 BEECHWOOD DRIVE
CITY- ST- ZIP ORMOND BEACH FL 32176

TITLE ☐ Delete
NAME SPENCER, GARY
STREET ADDRESS 9 BIG BEAR PATH
CITY- ST- ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME ARMSTRONG, MICHAEL
STREET ADDRESS 36 ORMOND GREEN BLVD.
CITY- ST- ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Armstrong* FINANCE OFFICER

1-31-05

386 672 7678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #