

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90095 040 ****70.00

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 - No P.O. Box # 156 New Britain Ave.		3. Mailing Address Same as #2	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174		Country Volusia	
6. Name and Address of Current Registered Agent KROPP, ROBERT E 1506 SAN MARCO DRIVE, #104 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 registering)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KROPP, ROBERT 1506 SAN MARCO DRIVE, #104 ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TARUS, JAMES 27 BEECHWOOD DRIVE ORMOND BEACH FL 32176 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEPORE, DAVID Donald 122 PAPAYA DRIVE ORMOND BEACH FL 32174 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/29/07 386-672-7678