2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State
02-11-2008 90057 003 ****70.00

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

Principal Place of Business	Mailing Address
156 NEW BRITAIN AVENUE ORMOND BCH., FL 32174-5626	156 NEW BRITAIN AVENUE ORMOND BCH., FL 32174-5626

02052008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 23-7178739 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [☑] **$8.75** Additional Fee Required

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 GARY F. SPENCER
Street Address (P.O. Box Number Is Not Acceptable) 156 NEW BRITAIN AVE
City ORMOND BEACH FL Zip Code 32174

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 Gary F. Spencer Gary F. Spencer Commander 02/07/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $61.25
Due by May 1, 2008

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 SNA MARCO DRIVE, #104 ORMOND BEACH, FL 32174	[☑] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COMMANDER GARY F. SPENCER 9 BIG BEAR PATH ORMOND BEACH, FL 32174	[☒] 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	V-CDR MICHAEL P. WOLOHAN 156 CUMBERLAND AVE ORMOND BEACH, FL 32174	[☒] Change [☒] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEPORE, DONALD 122 PAPAYA DRIVE ORMOND BEACH, FL 32174	[☑] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADJUTANT WAYDE L. SUMERLIX 450 LAKERIDGE DR. APT 113 ORMOND BEACH, FL 32174	[☒] 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 Chapter 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: James Tarus JAMES TARUS 2-5-08 3864418415
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #