

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711581

FILED
Jan 21, 2009
Secretary of State

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

Current Principal Place of Business:

156 NEW BRITAIN AVENUE
ORMOND BCH., FL 321745626

New Principal Place of Business:

Current Mailing Address:

156 NEW BRITAIN AVENUE
ORMOND BCH., FL 321745626

New Mailing Address:

FEI Number: 23-7178739

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPENCER, GARY F
156 NEW BRITAIN AVE
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

FREEMAN, CLEBURN C
156 NEW BRITAIN AVE
ORMOND BEACH, FL 32174 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: CLEBURN C. FREEMAN

01/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SPENCER, GARY F
Address: 9 BIG BEAR PATH
City-St-Zip: ORMOND BEACH, FL 32174

Title: VCOR () Delete
Name: WOLOHAN, MICHAEL
Address: 156 CUMBERLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: A () Delete
Name: SUMERIX, WAYDE L
Address: 450 LAKEBRIDGE DR APT 113
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FO (X) Change () Addition
Name: FREEMAN, CLEBURN C
Address: 39 PINEVIEW LAKE CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: CDR (X) Change () Addition
Name: WOLOHAN, MICHAEL
Address: 156 CUMBERLAND AVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: ADJ (X) Change () Addition
Name: SUMERIX, WAYDE L
Address: 450 LAKEBRIDGE DR APT 113
City-St-Zip: ORMOND BEACH, FL 32174

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: CLEBURN C. FREEMAN

FO

01/21/2009

Electronic Signature of Signing Officer or Director

Date