

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90061 032 ****61.25



DOCUMENT # 713683

1. Entity Name

THE AMERICAN LEGION, NO-VEL POST #159, INC.

Principal Place of Business

Mailing Address

159 AMERICAN LEGION WAY
P.O. BOX 1631
VENICE FL 34284-1631
US

159 AMERICAN LEGION WAY
P.O. BOX 1631
VENICE FL 34284-1631

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1051305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUGAR, F D CPA
329 S NOKOMIS AVE
VENICE FL 34285

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, 2006

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	C	<input type="checkbox"/> Delete
NAME	GREGORY, PUTMAN	
STREET ADDRESS	1123 N CYPRESS POINT DR.	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	1VC	<input type="checkbox"/> Delete
NAME	VOORHEES, COERT	
STREET ADDRESS	409 MENENDEZ ST	
CITY-ST-ZIP	VENICE FL 34285	
TITLE	2VC	<input type="checkbox"/> Delete
NAME	FELICITE, NICOLAS	
STREET ADDRESS	755 W BUFFIN DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE	FO	<input type="checkbox"/> Delete
NAME	GUSTIN, C R	
STREET ADDRESS	248 E BAFFIN DR	
CITY-ST-ZIP	VENICE FL 34293	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felicita, Nicolas	
STREET ADDRESS	1041-South-Venice-Blvd	
CITY-ST-ZIP	Venice, FL 34293	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

C.R. Gustin, Finance Officer

Feb 2, 2006 041 488 1157