


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

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90082 030 \*\*\*\*61.25


<b>DOCUMENT # 713683</b> 1. Entity Name <b>THE AMERICAN LEGION, NO-VEL POST #159, INC.</b>		
Principal Place of Business <b>159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-1631 US</b>		Mailing Address <b>159 AMERICAN LEGION WAY P.O. BOX 1631 VENICE FL 34284-1631</b>
2. Principal Place of Business - No P.O. Box # <b>1770 E. Venice Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>1770 E. Venice Ave</b> Suite, Apt. #, etc.	
City & State <b>Venice, FL</b>	City & State <b>Venice, FL</b>	
Zip <b>34292</b>	Country <b>Sarasota</b>	Zip <b>34292</b>
Country <b>Sarasota</b>		4. FEI Number <b>59-1051305</b>
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable
\$8.75 Additional Fee Required		1st MOORE CR2E037 (10/06)
6. Name and Address of Current Registered Agent <b>LUGAR, F D CPA 329 S NOKOMIS AVE VENICE FL 34285</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>		



<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		<b>Make Check Payable to Florida Department of State</b>

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GREGORY, PUTMAN	NAME	Putman, Gregory J.
STREET ADDRESS	1123 N CYPRESS POINT DR	STREET ADDRESS	correction
CITY-STATE-ZIP	VENICE FL 34293	CITY-STATE-ZIP	
TITLE	1VC	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	VOORHEES, COERT	NAME	
STREET ADDRESS	409 MENENDEZ ST	STREET ADDRESS	
CITY-STATE-ZIP	VENICE FL 34285	CITY-STATE-ZIP	
TITLE	2VC	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FELICITE, NICOLAS	NAME	
STREET ADDRESS	1041 S VENICE BLVD	STREET ADDRESS	
CITY-STATE-ZIP	VENICE FL 34293	CITY-STATE-ZIP	
TITLE	FO	TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	GUSTIN, C R	NAME	Augenthaler Jr, Charles
STREET ADDRESS	248 E BAFFIN DR	STREET ADDRESS	804 Montrose Dr, Unit 204
CITY-STATE-ZIP	VENICE FL 34293	CITY-STATE-ZIP	Venice, FL 34293
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-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:**  Gregory J. Putman, Commander      2-6-2007      941 488-1157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #