

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90038 032 ****61.25



DOCUMENT # 713683
1. Entity Name
THE AMERICAN LEGION, NO-VEL POST #159, INC.

Principal Place of Business: 1770 E. VENICE AVE, VENICE FL 34292 US
Mailing Address: 1770 E. VENICE AVE, VENICE FL 34292 US

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-1051305** Applied For: Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**LUGAR, F D CPA
329 S NOKOMIS AVE
VENICE FL 34285**

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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: 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	C PUTMAN, GREGORY J 1123 N CYPRESS POINT DR VENICE FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition R. C. Voorhees 4872 Limetree Lane Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VC VOORHEES, COERT 409 MENENDEZ ST VENICE FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John R. Dunn 8133 Glenbrooke Pl Sarasota, FL 34234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VC FELICITE, NICOLAS 1041 S VENICE BLVD VENICE FL 34293 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2nd Vice Commander <input type="checkbox"/> Change <input type="checkbox"/> Addition open
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO AUGENTHALER, JR., CHARLES 804 MONTROSE DR, UNIT 204 VENICE FL 34293 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C. R. Gustin 248 E Bafin Dr Venice, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **C.R.Gustin, Finance Officer** 1/29/2008 941 488-1157