

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714124

FILED
Apr 03, 2009
Secretary of State

Entity Name: THE AMERICAN LEGION GUNN HIGHWAY MEMORIAL POST NO. 147, INC.

Current Principal Place of Business:

17413 GUNN HWY
ODESSA, FL 33556 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 937
ODESSA, FL 33556 US

New Mailing Address:

FEI Number: 59-6200892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENEAU, CALIX L MR.
6608 APPALOOSA DR
TAMPA, FL 33625 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: A () Delete
Name: KINGERY, CAMERON E
Address: 15405 WINTERWIND DR.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: RENEAU, CALIX L
Address: 6608 APPALOOSA DR
City-St-Zip: TAMPA, FL 33625

Title: P () Delete
Name: JAMES, TRAVIS B
Address: 10706 NIXON RD
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: CROPPER, SIEGFRIED S
Address: 8929 NORTH MOBLEY ROAD
City-St-Zip: ODESSA, FL 33556

Title: D () Delete
Name: BEGERON, JEAN
Address: 10514 NIXON RD
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: SMITH, JAMES
Address: 134 W 138TH AVE
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: RENEAU, CALIX L
Address: 6608 APPALOOSA DR
City-St-Zip: TAMPA, FL 33625

Title: D (X) Change () Addition
Name: JAMES, TRAVIS B
Address: 10706 NIXON RD
City-St-Zip: TAMPA, FL 33624

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CALIX L RENEAU

CMDR

04/03/2009

Electronic Signature of Signing Officer or Director

Date