

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714124

**FILED**  
**Feb 17, 2011**  
**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  
Name: KINGERY, CAMERON E  
Address: 15405 WINTERWIND DR.  
City-St-Zip: TAMPA, FL 33624

Title: P  
Name: RENEAU, CALIX L  
Address: 6608 APPALOOSA DR  
City-St-Zip: TAMPA, FL 33625

Title: D  
Name: JAMES, TRAVIS B  
Address: 10706 NIXON RD  
City-St-Zip: TAMPA, FL 33624

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CALIX L RENEAU

MR

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date