


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 714279	
1. Entity Name PORT ORANGE AMERICAN LEGION BUILDING, INC.	

Principal Place of Business 119 HOWES STREET PORT ORANGE FL 32127 US	Mailing Address 119 HOWES STREET PORT ORANGE FL 32127 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1416026	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, FRANKLIN R 5218 ORANGE AVE PORT ORANGE FL 32127	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	RICE, ROY A 5210 ORANGE AVE PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PETERSON, FRANKLIN R 5218 ORANGE AVE PORT ORANGE FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100000246423 <input type="checkbox"/> Change <input type="checkbox"/> Add 10278415-K0085-017 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCLANE, MARSHALL 62 WALTON BLVD PT ORANGE FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD KRUM, MELVIN 179 BECKY DR PORT ORANGE FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CAROL, ROGER L 1703 MAGNOLIA F 9 DAYTONA BEACH FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GUARNERI, SALVATORE J 217 SAND PEBBLE CIR PORT ORANGE FL 32119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Franklin R. Peterson FRANKLIN R. PETERSON 2-15-05 386788680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #