2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 714279

1. Entity Name
PORT ORANGE AMERICAN LEGION BUILDING, INC.

FILED
06 NOV 13 AM 9:47
SEC. OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
119 HOWES STREET PORT ORANGE, FL 32127 US	119 HOWES STREET PORT ORANGE, FL 32127 US

10072006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1416026 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PETERSON, FRANKLIN R
5218 ORANGE AVE
PORT ORANGE, FL 32127
DELETE

7. Name and Address of New Registered Agent

Name: ROGER CAROL CDR.
Street Address (P.O. Box Number is Not Acceptable): 1703 magnolia AVE. F-1
City: SO. DAYTONA FL. FL Zip Code: 32119

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: Roger Carol REINSTATEMENT DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	T RICE, ROY A 5210 ORANGE AVE PORT ORANGE, FL 32127	☐ Delete 1ST VICE COMMANDER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RICE, ROY A 5210 ORANE PORT ORANGE, FL. 32127 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD PETERSON, FRANKLIN R 5218 ORANGE AVE PORT ORANGE, FL 32127	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CAROL, ROGER L. 1703 MAGNOLIA AVE - F-1 South DAYTONA BEACH FL. 32119 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MCLANE, MARSHALL 62 WALTON BLVD PT ORANGE, FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MCLAUGHLIN, ROBERT M 119 HOWES ST. PORT ORANGE FL. 32127 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD KRUM, MELVIN 179 BECKY DR PORT ORANGE, FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MURPHY, BRIAN, S 119 HOWES ST. PORT ORANGE, FL. 32127 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAROL, ROGER L 1703 MAGNOLIA F 9 DAYTONA BEACH, FL 32119	☐ Delete POST COMMANDER	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600081254646 10/26/06--01038--010 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GUARNERI, SALVATORE J 217 SAND PEBBLE CIR PORT ORANGE, FL 32119	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	→ POST ADJUTANT → POST FINANCE OFFICER. ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Roger Carol 10-15-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #