

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 714279

1. Entity Name

PORT ORANGE AMERICAN LEGION BUILDING, INC.



**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business

119 HOWES STREET  
PORT ORANGE FL 32127  
US

Mailing Address

119 HOWES STREET  
PORT ORANGE FL 32127  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

CAROL, ROGER CDR.  
1703 MAGNOLIA AVE., #F-1  
SO. DAYTONA FL 32119

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

*Roger Carol* *ROGER CAROL*

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-31-07

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE: 1VC ☐ Delete  
NAME: RICE, ROY A  
STREET ADDRESS: 5210 ORANGE AVE  
CITY-STATE-ZIP: PORT ORANGE FL 32127

TITLE: PA ☐ Delete  
NAME: MCLAUGHLIN, ROBERT M  
STREET ADDRESS: 119 HOWES ST.  
CITY-STATE-ZIP: PORT ORANGE FL 32127

TITLE: PFO ☐ Delete  
NAME: MURPHY, BRIAN S  
STREET ADDRESS: 119 HOWES ST.  
CITY-STATE-ZIP: PORT ORANGE FL 32127

TITLE: PC ☐ Delete  
NAME: CAROL, ROGER L  
STREET ADDRESS: 1703 MAGNOLIA F 9  
CITY-STATE-ZIP: DAYTONA BEACH FL 32119

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: U000000629415  
STREET ADDRESS: 02/16/07-80056-007 61.25  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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:

*Roger Carol* *ROGER CAROL*

1-31-07 288-6800

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