FILED
May 03, 2001 8:00 am
Secretary of State
03-15-2001 90218 020 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714802

1. Entity Name

THE AMERICAN LEGION POST 194, INC.

Principal Place of Business	Mailing Address
P O BOX 1073 PEARL STREET ST AUGUSTINE FL 32085-1073	P O BOX 1073 PEARL STREET ST AUGUSTINE FL 32085-1073

DO NOT WRITE IN THIS SPACE

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 59-6200261 ☐ 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
LOGAN, JOSEPH 89 SOUTH ST. ST. AUGUSTINE FL 32084	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.

SIGNATURE _____ 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	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNOR, SEPTIMUS C 77 PALMER ST AUGUSTINE FL ☐ Delete	TITLE 2nd VIC NAME HERMAN N. LEWIS STREET ADDRESS 586 JULIA ST. CITY-ST-ZIP ST. AUGUSTINE, FL 32095	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM LOGAN, JOSEPH 89 SOUTH ST ST AUGUSTINE FL ☐ Delete	TITLE FINANCE NAME FINANCE Officer STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FD EDWARDS, KENNETH L 1593 MAYFIELD RD JACKSONVILLE FL 32259 ☐ Delete	TITLE NAME EX. Committee STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC WHITE, GREGORY 999 PEARL STREET ST. AUGUSTINE FL ☐ Delete	TITLE NAME Commander STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition PRES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, THOMAS 45 NE SMITH ST ST AUGUSTINE FL ☐ Delete	TITLE NAME EX Committee STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] SIGNATURE REQUIRED 03-06-01
SIGNATURE AND TYPED OR PRINTED NAME OF RESIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #