

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90001 015 ****61.25

DOCUMENT # 714802 1. Entity Name THE AMERICAN LEGION POST 194, INC.					
Principal Place of Business P O BOX 1073 PEARL STREET ST AUGUSTINE, FL 32085-1073			Mailing Address P O BOX 1073 PEARL STREET ST AUGUSTINE, FL 32085-1073		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Certificate of Status Desired <input type="checkbox"/>				4. FEI Number 59-6200261	
				Applied For <input type="checkbox"/> Not Applicable	
5. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, HERMAN			NAME	JAMES FLOYD
STREET ADDRESS	104 JUCIA ST			STREET ADDRESS	863 W 12TH ST
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084			CITY-ST-ZIP	ST AUGUSTINE FL 32084
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOGAN, JOSEPH			NAME	
STREET ADDRESS	89 SOUTH ST			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, KENNETH L			NAME	54 WHITE HALL DR
STREET ADDRESS	4000 GRANDE VESTA BLVD #128			STREET ADDRESS	PALM COAST FLA 32135
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GREGORY			NAME	
STREET ADDRESS	999 PEARL STREET			STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, THOMAS			NAME	
STREET ADDRESS	45 NE SMITH ST			STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____ <i>JOSEPH LOGAN 09-20-04</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					