

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714802

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: THE AMERICAN LEGION POST 194, INC.

## Current Principal Place of Business:

P O BOX 1073  
PEARL STREET  
ST AUGUSTINE, FL 320851073

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1073  
PEARL STREET  
ST AUGUSTINE, FL 320851073

## New Mailing Address:

FEI Number: 59-6200261

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOGAN, JOSEPH  
89 SOUTH ST.  
ST. AUGUSTINE, FL 32084 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FLOYD, JAMES  
Address: 863 W 12TH ST  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D ( ) Delete  
Name: LOGAN, JOSEPH,  
Address: 89 SOUTH ST  
City-St-Zip: ST AUGUSTINE, FL

Title: T ( ) Delete  
Name: EDWARDS, KENNETH L  
Address: 54 WHITE HALL DR  
City-St-Zip: PALM COAST, FL 32135

Title: D ( ) Delete  
Name: WHITE, GREGORY  
Address: 999 PEARL STREET  
City-St-Zip: ST. AUGUSTINE, FL

Title: D ( ) Delete  
Name: JACKSON, THOMAS,  
Address: 45 NE SMITH ST  
City-St-Zip: ST AUGUSTINE, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH LOGAN

D

04/28/2005

Electronic Signature of Signing Officer or Director

Date