

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 714802**

1. Entity Name  
**THE AMERICAN LEGION POST 194, INC.**



Principal Place of Business  
**1029 W. PEARL STREET  
ST AUGUSTINE, FL 32084**

Mailing Address  
**P.O. BOX 1073  
ST. AUGUSTINE, FL 32085**



02042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-6200261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WHITE, GREGORY B  
905 W. PEARL STREET  
ST. AUGUSTINE, FL 32084**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	FO
NAME	WHITE, GREGORY B
STREET ADDRESS	905 W. PEARL ST.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	EB
NAME	JACKSON, THOMAS
STREET ADDRESS	45 NESMITH ST.
CITY-ST-ZIP	ST AUGUSTINE, FL 32084
TITLE	EB
NAME	LOGAN, JOSEPH
STREET ADDRESS	88 SOUTH ST.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	CO
NAME	CONNOLLY, SEPTIMUS C
STREET ADDRESS	205 SARANAC LN.
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	EB
NAME	DUKES, LAWSON
STREET ADDRESS	600 DOMENICO CIRCLE
CITY-ST-ZIP	ST AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000897923  
04/25/08-80068-002 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: JOSEPH LOGAN 4-07-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #