2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 714802

Entity Name: THE AMERICAN LEGION POST 194, INC.

Current Principal Place of Business:

1029 W. PEARL STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1073
ST. AUGUSTINE, FL 32085

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:

WHITE, GREGORY B
905 W. PEARL STREET
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:	FO	( ) Delete
Name:	WHITE, GREGORY B	
Address:	905 W. PEARL ST.	
City-St-Zip:	SAINT AUGUSTINE, FL 32084	
Title:	EB	( ) Delete
Name:	JACKSON, THOMAS	
Address:	45 NESMITH ST.	
City-St-Zip:	ST AUGUSTINE, FL 32084	
Title:	EB	( ) Delete
Name:	LOGAN, JOSEPH	
Address:	88 SOUTH ST.	
City-St-Zip:	ST. AUGUSTINE, FL 32084	
Title:	CO	( ) Delete
Name:	CONNOLY, SEPTIMUS C	
Address:	205 SARANAC LN.	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	EB	( ) Delete
Name:	DUKES, LAWSON	
Address:	600 DOMENICO CIRCLE	
City-St-Zip:	ST AUGUSTINE, FL 32086	

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 exemption stated 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 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: LAWSON DUKES EB 04/06/2009
Electronic Signature of Signing Officer or Director — Date