
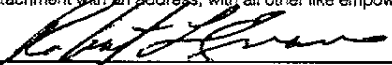


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 716081		
1. Entity Name LEESBURG MEMORIAL POST NO. 52, DEPARTMENT OF FLORIDA, THE AMERICAN LEGION,		
Principal Place of Business THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG, FL 34748	Mailing Address THE AMERICAN LEGION INC 300 N. THIRD ST. LEESBURG, FL 34748	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WILLIAMS, ALBERT 4538 N LEE 33RD LANE LEESBURG, FL 34748		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 _____ <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 May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WILLIAMS, ALBERT 4538 N.EE, 33RD LN. WILDWOOD, FL 34785	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FOD EVANS, ROBERT L 15053 VIRNITAD R TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD SAWDEY, WAYNE 11203 US HWY 441 TAVARES, FL 32778	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: 		4/25/06 352/393/1289 Date Daytime Phone #



04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-6200815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U00000538106
05/09/06-80044-007 61.25