

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716185

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** SEMINOLE POST NUMBER ONE HUNDRED ELEVEN (111) INCORPORATED THE AMERICAN LEGION  
- DEPARTMENT OF FLORIDA

**Current Principal Place of Business:**

6918 FLORIDA AVENUE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

6918 FLORIDA AVENUE  
TAMPA, FL 33604

**New Mailing Address:**

**FEI Number:** 59-0911046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANTANA, PAUL P  
6918 FLORIDA AVE  
TAMPA, FL 33604 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: PRES ( ) Delete  
Name: SANTANA, PAUL P  
Address: 6918 FLORIDA AVE  
City-St-Zip: TAMPA, FL 33604

Title: VP ( ) Delete  
Name: TOLL, DAVID V  
Address: 6918 FLORIDA AVE  
City-St-Zip: TAMPA, FL 33604

Title: S ( ) Delete  
Name: SIEGEL, LARRY S  
Address: 6918 FLORIDA AVE  
City-St-Zip: TAMPA, FL 33604

Title: T ( ) Delete  
Name: NEWBERGER, DON T  
Address: 6918 FLORIDA AVE  
City-St-Zip: TAMPA, FL 33604

**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:

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: DON NEWBERGER

T

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date