

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718951

FILED
Jan 25, 2007
Secretary of State

Entity Name: HARDIE R. MILLS AMERICAN LEGION POST #135, INC.

Current Principal Place of Business:

2296 EAST TAMIAMI TRAIL
NAPLES, FL 34112 US

New Principal Place of Business:

Current Mailing Address:

2296 EAST TAMIAMI TRAIL
NAPLES, FL 34112 US

New Mailing Address:

FEI Number: 59-1651888

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARD, HAINES S
8500 NAPLES HERITAGE DR. #1014
NAPLES, FL 34112 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: PD () Delete
Name: HAINES, RICHARD S
Address: 8500 NAPLES HERITAGE DR.
City-St-Zip: NAPLES, FL 34112

Title: VD () Delete
Name: HAROLD, HOYT
Address: 977 CHARLEMAGNE BLVD.
City-St-Zip: NAPLES, FL 34112

Title: DT () Delete
Name: SCHRANG, ALFRED
Address: 7725 JEWEL LN.
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: SEWELL, GERALD
Address: 3645 BOCA CIAGA 3314
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: DAILEY, STEVE
Address: 1325 7TH ST. S.
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: ARENA, PHILIP A SR.
Address: 5229 JENNINGS ST.
City-St-Zip: NAPLES, FL 34113

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:

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 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: RICHARD S. HAINES

PD

01/25/2007

Electronic Signature of Signing Officer or Director

Date