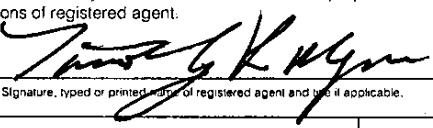
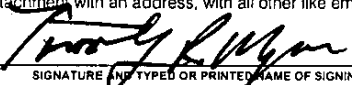


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90402 017 ****61.25

DOCUMENT # 723156 1. Entity Name RIVERA BEACH AMERICAN LEGION POST # 268					
Principal Place of Business LEGION POST #268 1690 AVENUE RIVERA BEACH, FL 33404			Mailing Address LEGION POST #268 1690 AVENUE RIVERA BEACH, FL 33404		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THIBODEAU, DIANNE M 1134-A SUMMIT TRAIL CIR WEST PALM BEACH, FL 33415				Name Timothy Morgan	
				Street Address (P.O. Box Number is Not Acceptable) 237 Date Palm Drive	
				City LAKE PARK FL	
				Zip Code 33403	
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 4/26/06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THIBODEAU, DIANNE M 1134 A SUMMIT TRAIL CIR WEST PALM BEACH, FL 33415	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Timothy Morgan 237 Date Palm Drive LAKE PARK, FL 33403	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOX, KATHLEEN F 1211 DOLPHIN RD RIVERA BCH, FL 33404	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARNER, TYRUS J 712 IBIS WAY NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  Timothy Morgan					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 4/26/06 Daytime Phone # (561) 222-4450					