

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2007 8:00 am**  
**Secretary of State**

02-27-2007 90007 045 \*\*\*\*61.25

**DOCUMENT # 723591**

1. Entity Name

COOPER CITY MEMORIAL POST NO. 321, OF THE  
AMERICAN LEGION, INC.



Principal Place of Business

AMERICAN LEGION, INC.  
9081 S.W. 51ST STREET  
COOPER CITY FL 33328

Mailing Address

AMERICAN LEGION, INC.  
9081 S.W. 51ST STREET  
COOPER CITY FL 33328



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-1353638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARR, BRUCE E.  
5121 S.W. 90 AVE.  
SUITE 3  
COPPER CITY FL 33328

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, JAMES	
STREET ADDRESS	5288 SW 34TH ST	
CITY-STATE-ZIP	DAVIE FL 33314	

TITLE	FD	<input type="checkbox"/> Delete
NAME	BEUGUIER, EDMUNDO	
STREET ADDRESS	4201 PINE ISLAND RD	
CITY-STATE-ZIP	DAVIE FL 33328	

TITLE	VCD	<input type="checkbox"/> Delete
NAME	MOBLEY, GORDON	
STREET ADDRESS	5100 SW 90 AVE 403	
CITY-STATE-ZIP	COOPER CITY FL 33328	

TITLE	O	<input type="checkbox"/> Delete
NAME	KNACK, GUY	
STREET ADDRESS	9061 SW 55 CT	
CITY-STATE-ZIP	FORT LAUDERDALE FL 33328	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT PRATA	
STREET ADDRESS	9081 SW 51 ST	
CITY-STATE-ZIP	COOPER CITY, FL 33328	

TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES DAVIDSON	
STREET ADDRESS	5288 SW 34 ST	
CITY-STATE-ZIP	DAVIE, FL 33314	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2007

954-434-0965

Date

Daytime Phone #