


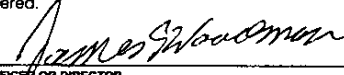


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90021 011 \*\*\*\*70.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # 724038</b><br>1. Entity Name<br><b>AMERICAN LEGION, POST #155, INC.</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>6585 W. GULF TO LAKE HWY<br/>P O BOX 908<br/>CRYSTAL RIVER, FL 34429 US</b>  |  |  | Mailing Address<br><b>P. O. BOX 908<br/>P O BOX 908<br/>CRYSTAL RIVER, FL 34423-0908 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |   | <b>40048010</b><br>   |  |
| City & State<br><br>Zip                      Country   |  | City & State<br><br>Zip                      Country   |   | 4. FEI Number<br><b>59-6200384</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PENNINGTON, ROBERT H<br/>2160 W. JANZIN LANE<br/>LECANTO, FL 34461</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>WOODMAN, JAMES E.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>720 NE 13TH TERR.</b><br>City <b>CRYSTAL RIVER, FL</b> Zip Code <b>34428</b> |  |
| 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 <b>JAMES E. WOODMAN</b><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  | <br><small>(NOTE: Registered Agent signature required when reinstating)</small> |   | <b>3-14-08</b><br><small>DATE</small>   |  |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>  |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>  |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>HAIR, RHEUBEN <input type="checkbox"/> Delete<br>5164 W. PAUL BRYANT<br>CRYSTAL RIVER, FL 34429  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD <input checked="" type="checkbox"/> Delete<br>PENNINGTON, ROBERT H<br>2160 W. JAMSIN LANE<br>LECANTO, FL 34461  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D <input checked="" type="checkbox"/> Delete<br>COX, JOHN I<br>3062 W. BLOSSOM DR<br>BEVERLY HILLS, FL 34465   |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |  |   |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>WOODMAN, JAMES E.<br/>720 NE 13TH TERR<br/>CRYSTAL RIVER FL. 34428</b> |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>WHITE, JIMMY D.<br/>6850 W. GREEN ACRES ST.<br/>HOMOSASSA, FL. 34446</b>  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <b>JAMES E. WOODMAN</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   | <br><b>3-14-08</b> <b>795-6526</b><br><small>Date                      Daytime Phone #</small>                                    |  |