2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# 726054

Entity Name: RABE O. WILKISON POST 38, THE AMERICAN LEGION, INCORPORATED

Current Principal Place of Business:

1857 JACKSON ST
FT. MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 0004
FT. MYERS, FL 339020004 US

New Mailing Address:

FEI Number: 59-0537920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ECK, RANDY S
10040 BAYSHORE RD
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

KOSER, WILLIAM P
4475 HITZING AVE
NORTH FORT MYERS, FL 33903 US

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: WILLIAM P KOSER 01/28/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ECK, RANDY S
Address: 10040 BAYSHORE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: VD ( ) Delete
Name: KOSER, WILLIAM P
Address: 4475 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VD ( ) Delete
Name: HOWELL, EDDIE
Address: 1550 WINKLER AVE
City-St-Zip: NORTH FORT MYERS, FL 33901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: KOSER, WILLIAM P
Address: 4475 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D (X) Change ( ) Addition
Name: KOSER, WILLIAM P
Address: 4475 HITZING AVE
City-St-Zip: NORTH FORT MYERS, FL 33903

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: EDWARDHOWELL VD 01/28/2009
Electronic Signature of Signing Officer or Director Date