

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 735531

1. Entity Name
SMITH-KELLY AMERICAN LEGION POST NO. 100, INC.



Principal Place of Business
**3627 HWY 90
MARIANNA, FL 32448 US**

Mailing Address
**P. O. BOX 330
MARIANNA, FL 32447-0330 US**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-6153383

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WISNIOSKI, STANLEY W JR
2826 DILMORE RD
COTTONDALE, FL 32431**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HILTON, GEORGE
STREET ADDRESS	1875 SPRING LAKE TRAIL
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	D
NAME	WISNIOSKI, STANLEY W JR
STREET ADDRESS	2826 DILMORE RD
CITY-ST-ZIP	COTTONDALE, FL 324317508
TITLE	V
NAME	PADGETT, JOHN
STREET ADDRESS	1885 SPRING LAKE TR
CITY-ST-ZIP	MARIANNA, FL 32448
TITLE	P
NAME	BAKER, ARTHUR
STREET ADDRESS	3690 URBANK RD
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	SPIVEY, LARRY
STREET ADDRESS	1095 SPIVEY ROAD
CITY-ST-ZIP	GRAND RIDGE, FL 32442
TITLE	T
NAME	GRAINGER, THOMAS L
STREET ADDRESS	3264 HWY 73
CITY-ST-ZIP	MARIANNA, FL 32446

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03/07/07-80047-015 61.25

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IN THIS SPACE**

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: *Stanley W. Wisnioski, Jr.*
STANLEY W. WISNIOSKI, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-07 850-352-2780

Date

Daytime Phone #