



# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 25 PM 3:20

<b>DOCUMENT # 738558</b> 1. Entity Name AMERICAN LEGION OF ST. AUGUSTINE, INC.					
Principal Place of Business 1 ANDERSON CIRCLE ST. AUGUSTINE, FL 32084				Mailing Address P.O. BOX 2204 ST AUGUSTINE, FL 32085-2204	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2204			
City & State		City & State St Augustine, FL 32085-2204		10202004 REIN-NP      CR2E099 (6/04) FEI Number 59-1102200	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PULLIN, DIANE C 9085 BARRISTER CT JACKSONVILLE, FL 32257				7. Name and Address of New Registered Agent 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: <u>Diane C Pullin</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25</b> <b>After January 1, 2005, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SARTIN, AJ PO BOX 2204 ST AUGUSTINE, FL 320852204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100042161301 10/25/04--01072--017 **\$61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OSTERHOUT, DON H PO BOX 2204 ST AUGUSTINE, FL 320852204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLANO, DOYLE PO BOX 2204 ST AUGUSTINE, FL 320852204	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BALDWIN, LLOYD 168 AVENINDA MENEDEY SAINT AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>FRASER</del> SHULER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER SHULER, JACK 21 Hope St St Augustine, FL 32084-3215	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHULER	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Jack Shuler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			TREASURER (904) 333-8689 <small>Date Daytime Phone #</small>		

10/27/00