

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738558

FILED
Feb 10, 2005
Secretary of State

Entity Name: AMERICAN LEGION OF ST. AUGUSTINE, INC.

Current Principal Place of Business:

1 ANDERSON CIRCLE
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

PO BOX 2204
ST AUGUSTINE, FL 320852204

New Mailing Address:

FEI Number: 59-1102200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PULLIN, DIANE C
9085 BARRISTEF CT
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

PULLIN, DIANE C
9085 BARRISTER CT
JACKSONVILLE, FL 32257 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: DIANE C. PULLIN

02/10/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SARTIN, AJ
Address: PO BOX 2204
City-St-Zip: ST AUGUSTINE, FL 320852204

Title: D () Delete
Name: OSTERHOUT, DON H
Address: PO BOX 2204
City-St-Zip: ST AUGUSTINE, FL 320852204

Title: D () Delete
Name: SOLANO, DOYLE
Address: PO BOX 2204
City-St-Zip: ST SUGUSTINE, FL 320852204

Title: SD () Delete
Name: BALDWIN, LLOYD
Address: 168 AVENINDA MENEDEY
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: T () Delete
Name: SHULLER, JACK
Address: 21 HOPE ST
City-St-Zip: ST AUGUSTINE, FL 320843215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SHULER, JACK
Address: 21 HOPE ST
City-St-Zip: ST AUGUSTINE, FL 320843215

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACK SHULER

T

02/10/2005

Electronic Signature of Signing Officer or Director

Date