

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 14, 2007
Secretary of State

DOCUMENT# 738558

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 ()****Name and Address of Current Registered Agent:**PATRICK T. CANAN, P.A.
43 CINCINNATI AVENUE
ST AUGUSTINE, FL 32084 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S, T () Delete
Name: COOK, JAMES D
Address: P.O. BOX 2204
City-St-Zip: SAINT AUGUSTINE, FL 320852204

Title: P,D () Delete
Name: SHULER, JACK
Address: 21 HOPE ST
City-St-Zip: ST AUGUSTINE, FL 320843215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: ANDREWS, HEATHER
Address: 2755 LONG ROAD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: GULLETTE, JOSEPH
Address: PO BOX 2204
City-St-Zip: ST AUGUSTINE, FL 32085

Title: D,T (X) Change () Addition
Name: ,EGGOTT, RIBEM
Address: 33 HOPE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D,S (X) Change () Addition
Name: HANCHETT, JERRY
Address: 354 ESTRADA AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

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: HEATHER ANDREWS

P

08/14/2007

Electronic Signature of Signing Officer or Director

Date