

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738558

FILED
Apr 07, 2009
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:

PO BOX 2204
ST AUGUSTINE, FL 320852204 US

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:

DIVERSIFIED BUSINESS & TAX SUPPORT, INC.
9085 BARRISTER COURT
JACKSONVILLE, FL 33357 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 PULLIN

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: D,T () Delete
Name: MEGGETT, RUEBEN
Address: 33 HOPE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32084

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

Title: D () Delete
Name: BAGGSTROM, RAYMOND
Address: 1 ANDERSON CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

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: () 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: HEATHER ANDREWS

D,P

04/07/2009

Electronic Signature of Signing Officer or Director

Date