

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 23, 2012
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 US**New Mailing Address:**PO BOX 2204
ST AUGUSTINE, FL 320842204 US**FEI Number:** 59-1102200**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DIVERSIFIED BUSINESS & TAX SUPPORT, INC.
9085 BARRISTER COURT
JACKSONVILLE, FL 32257 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, P
Name: QUIGLEY, DONALD
Address: 2730 GLIMPSE OF GLORY RD
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: D,T
Name: GULLETTE, JOE
Address: 4104 VERMONT PLACE
City-St-Zip: ELKTON, FL 32086 US

Title: D,S
Name: ISRAEL, DAVID
Address: 217 WHISPER RIDGE
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: D
Name: MASON, GENE
Address: 171 LATUNA COURT
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: D
Name: DAVIS, HARRY
Address: PO BOX 354
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: P
Name: QUIGLEY, DONALD
Address: 2730 GLIMPSE OF GLORY RD
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby 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 all other like empowered.

SIGNATURE: DONALD QUIGLEY

P

10/23/2012

Electronic Signature of Signing Officer or Director

Date