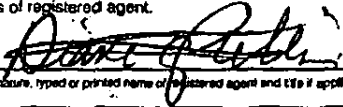


FILED
Apr 23, 2003 8:00 am
Secretary of State

02-26-2003 90147 028 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # 738558			
1. Entity Name AMERICAN LEGION OF ST. AUGUSTINE, INC.			
Principal Place of Business 1 ANDERSON CIRCLE ST. AUGUSTINE FL 32084		Mailing Address 0 BOX 2204 ST AUGUSTINE FL 32085-2204	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1102200		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PULLIN, DIANE C 8085 BARRISTER CT JACKSONVILLE FL 32257		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 		DATE	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SARTIN, AJ PO BOX 2204 ST AUGUSTINE FL 32085-2204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director SARTIN, AJ PO BOX 2204 ST AUGUSTINE, FL 32085-2204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EITEL, RON A PO BOX 2204 ST AUGUSTINE FL 32085-2204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J COOK, JIM D PO BOX 2204 ST AUGUSTINE FL 32085-2204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERHOUT, DON H PO BOX 2204 ST AUGUSTINE FL 32085-2204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLANO, DOYLE PO BOX 2204 ST AUGUSTINE FL 32085-2204	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director Lloyd Baldwin 168 Aveninda Menendez ST AUG FL 32084
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: 		2-23-03 9048240680	