


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90119 030 ****61.25

DOCUMENT # 740391 1. Entity Name ALLEN-RAWLS POST NO. 77, INC. THE AMERICAN LEGION			
Principal Place of Business 4061 NORTH LONGVALLEY RD HERNANDO FL 34442 US		Mailing Address ALLEN RAWL POST #77 AM. LEGION P O BOX 1196 INVERNESS FL 34451 US	
2. Principal Place of Business - No P.O. Box # 130 HEIGHTS AVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State INVERNESS, FL		City & State	
Zip 34450	Country	Zip	Country
4. FEI Number 59-1791082		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, CHARLES 4061 NORTH LONGVALLEY RD HERNANDO FL 34442		7. Name and Address of New Registered Agent 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 CHARLES FERGUSON <i>Charles Ferguson</i> 4/12/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By: May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANSERVINO, FABIO 6506 EAST MOCKING BIRD LN INVERNESS FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERT C TRAWICK P O BOX 1463 INVERNESS, FL 34451-1463 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERGUSON, CHARLES 4061 N. LONGVALLEY RD HERNANDO FL 34442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCOTT, ROBERT 6272 EAST WAVERLY ST INVERNESS FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DAVID B. STAPLES 916 E. GILCHRIST CT APT 4A HERNANDO, FL 34442 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D. PAUL B. MILLER 1510 DAVID RD INVERNESS, FL 34452-4508 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ALLEN P HENRY 1000 LOUNDS ST INVERNESS, FL 34450-3421 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: CHARLES FERGUSON <i>Charles Ferguson</i> 4/12/07 (352) 341-2276			