

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741502

FILED
Mar 14, 2008
Secretary of State

Entity Name: HUDSON AMERICAN LEGION POST 335, INC.

Current Principal Place of Business:

11421 OSCEOLA
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

11421 OSCEOLA
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-1835691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, HOLBROOK
15203 TERESA BLVD.
HUDSON, FL 34669 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: CMDR () Delete
Name: RICCARDO, THOMAS JR.
Address: 5806 FALL RIVER DR
City-St-Zip: NEW PORT RICHEY, FL 34665

Title: VCD () Delete
Name: JOHNSON, HARRY
Address: 9841 FOX SQUIRREL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VCD () Delete
Name: FOWLER, JOHN
Address: 9300 PEONY ST
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: FOF () Delete
Name: BEAMAN, FRANK
Address: 11539 ALTOONA AVE.
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: PCD () Delete
Name: SID, RHOADS
Address: 7132 SOUTHWIND DR
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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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: THOMAS RICCARDO JR.

CMDR

03/14/2008

Electronic Signature of Signing Officer or Director

Date