2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 743604

FILED Dec 13, 2004 Secretary of State

Entity Name: WOODWORTH-WEBB, POST 293, AMERICAN LEGION, INC.

Current Principal Place of Business: New Principal Place of Business:

145 S. C.R. 315

INTERLACHEN, FL 321480592

Current Mailing Address: New Mailing Address:

P.O. BOX 592

INTERLACHEN, FL 321489700

FEI Number: 35-0144250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEDSTROM, EDWARD E. 601 ST. JOHNS AVE. P.O.DRAWER 1354 PALATKA, FL 32177 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 PASCIAK, PHILLIP M
 Name:
 ORESKOVICH, JOE

 Address:
 107 SHADY OAKS CT
 Address:
 6727 S.E. 230 ST.

 City-St-Zip:
 INTERLACHEN, FL 321482458
 City-St-Zip:
 HAWTHORNE, FL 32640

Title: VD () Delete Title: () Change () Addition

 Name:
 CANNOE, NICHOLAS
 Name:

 Address:
 RR 1 BOX 209 G
 Address:

 City-St-Zip:
 INTERLACHEN, FL 32148
 City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 ILG, RICHARD
 Name:
 RALOSKY, MICHAEL T

 Address:
 121 SILVER LAKE DR.
 Address:
 129 HAMRICK ST.

 City-St-Zip:
 HAWTHORNE, FL 32640
 City-St-Zip:
 INTERLACHEN, FL 32148

Name: BERRY, JOSEPH Name: EDWARD, RALOSKY T
Address: 227 OFARKELL Address: 110 LAKE SUSAN RD.

City-St-Zip: INTERLACHEN, FL 32148 City-St-Zip: ORANGE SPRINGS, FL 321820539

Title: TD () Delete Title: TD (X) Change () Addition

Name: BRINKER, ROBERT C Name: BRINKER, ROBERT C

Address: 108 ATHENS ST, RT 2 BOX 225 Address: 108 ATHENS ST, RT 2 BOX 225

City-St-Zip: INTERLACHEN, FL City-St-Zip: INTERLACHEN, FL 32148

Title: SD () Delete Title: () Change () Addition

 Name:
 ORESKOVICH, JOE
 Name:

 Address:
 6727 S.E. 230 ST.
 Address:

 City-St-Zip:
 HAWTHORNE, FL 32640
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL T. RALOSKY SD 12/13/2004