

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90006 018 ****61.25

DOCUMENT # 743604 1. Entity Name WOODWORTH-WEBB, POST 293, AMERICAN LEGION, INC.					
Principal Place of Business 145 S. C.R. 315 INTERLACHEN, FL 32148-0592			Mailing Address P.O. BOX 592 INTERLACHEN, FL 32148-9700		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 35-0144250	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDSTROM, EDWARD E. 601 ST. JOHNS AVE. P.O. DRAWER 1354 PALATKA, FL 32177				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 6, 2006			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	PD ORES KOVICH, JOE 6727 S.E. 230 ST. HAWTHORNE, FL 32640	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TO NICHOLAS CANJOL RR 1 BOX 2096 INTERLACHEN, FL 32148	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD MATHE, JOHN SR OLD GAINESVILLE HWY INTERLACHEN, FL 32148	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TD JIM DABENEAU DANDENEAU PO BOX 2132 INTERLACHEN, FL 32148 2132	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	SD RALOSKY, MICHAEL T 129 HAMRICK ST. INTERLACHEN, FL 32148	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	TB RICHARD RITTING PO BOX 727 INTERLACHEN, FL 32148 0727	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD EDWARD, RALOSKY T 110 LAKE SUSAN RD. ORANGE SPRINGS, FL 321820539	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD EDWARD T RALOSKY JR PO BOX 539 ORANGE SPRINGS, FL 32148-0539	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	TD BRINKER, ROBERT C 108 ATHENS ST, RT 2 BOX 225 INTERLACHEN, FL 32148	<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	SD ORES KOVICH, JOE 6727 S.E. 230 ST. HAWTHORNE, FL 32640	<input checked="" 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 Chapter 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:			9/11/06 306 604 6750		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		