

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90010 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**

40026709



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008 Chg-NP CR2E037 (12/06)

4. FEI Number
35-0144250

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

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

Name
COULLETTE, ROBERT B
Street Address (P.O. Box Number is Not Acceptable)
137 LAKE 10A PT. DR.
City
INTERLACHEN, FL Zip Code
32148

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 **ROBERT B COULLETTE AST**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
TD
COULLETTE, ROBERT B
137 LAKE 10A POINT RD.
INTERLACHEN, FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CMD
JAMES C. DANDENEAU
PO BOX 2132
INTERLACHEN, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BANDENEAU, JIM
P O BOX 2132
INTERLACHEN, FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
IVC
EDWARD T. RALOSKY
PO BOX 559
ORANGE SPRINGS, FL 32182 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
RALOSKY, MICHAEL T
129 HAMRICK ST.
INTERLACHEN, FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADT
ROBERT B. COULLETTE
137 LAKE 10A PT. DR.
INTERLACHEN, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EDWARD, RALOSKY T
P O BOX 559
ORANGE SPRINGS, FL 321820539 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2VC
ERROL HOWCK
133 LAKE 10A PT. DR.
INTERLACHEN, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
BRINKER, ROBERT C
108 ATHENS ST, RT 2 BOX 225
INTERLACHEN, FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHP
ROBERT C. BRINKER
108 ATHENS ST, RT 2 BOX 225
INTERLACHEN, FL 32148 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
RITTING, RICHARD
P O BOX 727
INTERLACHEN, FL 32148 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SGT
RICHARD RITTING
PO BOX 727
INTERLACHEN, FL 32148 ☒ Change ☐ 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: **Robert Coullette**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-08 (86) 684-4602
Date Daytime Phone #