

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Oct 23, 2008**  
**Secretary of State**

DOCUMENT# 743604

**Entity Name:** WOODWORTH-WEBB, POST 293, AMERICAN LEGION, INC.**Current Principal Place of Business:**145 S. C.R. 315  
INTERLACHEN, FL 321480592**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 592  
INTERLACHEN, FL 321489700**New Mailing Address:****FEI Number:** 35-0144250**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**COULLIETTE, ROBERT B  
137 LAKE IDA CT DR  
INTERLACHEN, FL 32148 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:** CMD ( ) Delete  
**Name:** DANDENEUA, JAMES C  
**Address:** POB 2132  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** 1VP ( ) Delete  
**Name:** RALOSKY, EDWARD T  
**Address:** POB 559  
**City-St-Zip:** ORANGE SPRINGS, FL 32182**Title:** ADJ ( ) Delete  
**Name:** COULLIETTE, ROBERT B  
**Address:** 137 LAKE IDA PT DR  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** 2VC ( ) Delete  
**Name:** HOUCK, ERROL  
**Address:** 133 LAKE 10 A PT DR  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** CHP ( ) Delete  
**Name:** BRINKER, ROBERT C  
**Address:** 108 ATHENS ST RT 2 BOX 225  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** SET ( ) Delete  
**Name:** RITTING, RICHARD  
**Address:** POB 727  
**City-St-Zip:** INTERLACHEN, FL 32148**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** CMD (X) Change ( ) Addition  
**Name:** COULLIETTE, ROBERT B  
**Address:** 137 LAKE IDA POINT DRIVE  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ADJ (X) Change ( ) Addition  
**Name:** DANDENEUA, JAMES C  
**Address:** POB 2132  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** T/D (X) Change ( ) Addition  
**Name:** HOWELL, WAYNE  
**Address:** 910 OFARRELL AVE  
**City-St-Zip:** INTERLACHEN, FL 32148**Title:** V/T (X) Change ( ) Addition  
**Name:** KALBFLEISCH, EDGAR  
**Address:** 149 PINE DRIVE  
**City-St-Zip:** INTERLACHEN, FL 32148

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: ROBERT B. COULLIETTE

CMDR

10/23/2008

Electronic Signature of Signing Officer or Director

Date