2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743604

FILED Jun 23, 2009 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 ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COULLIETTE, ROBERT B 137 LAKE IDA CT DR

INTERLACHEN, FL 32148 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:

Name:

Title:

Address:

City-St-Zip:

City-St-Zip:

Electronic Signature of Registered Agent

Date

(X) Change () Addition

() Change () Addition

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CMD () Delete COULLIETTE, ROBERT B Name:

137 LAKE IDA POINT DRIVE Address: City-St-Zip: INTERLACHEN, FL 32148

Title: 1VP () Delete

RALOSKY, EDWARD T Name: Address: POB 559

City-St-Zip: ORANGE SPRINGS, FL 32182

Title: ADJ () Delete DANDENEUA, JAMES C Name:

Address: POB 2132

City-St-Zip: INTERLACHEN, FL 32148

Title: 2VC () Delete Name: HOUCK, ERROL 133 LAKE 10 A PT DR Address: City-St-Zip: INTERLACHEN, FL 32148

Title: T/D () Delete HOWELL, WAYNE Name:

910 OFARRELL AVE Address: INTERLACHEN, FL 32148 City-St-Zip:

Title: () Delete KALBFLEISCH, EDGAR Name: 149 PINE DRIVE Address: INTERLACHEN, FL 32148

City-St-Zip:

Name: Address: City-St-Zip:

133 LAKE IDA POINT DRIVE

INTERLACHEN, FL 32148

HOUCK, ERROL

Title: ADJ (X) Change () Addition COULLIETTE, ROBERT B Name: 137 LAKE IDA POINT DRIVE Address:

Title: 2VC (X) Change () Addition

INTERLACHEN, FL 32148

Name: PAPER, LAWRENCE 229 LAKE IDA POINT DRIVE Address: City-St-Zip: INTERLACHEN, FL 32148

Title: () Change () Addition

Name: Address: City-St-Zip:

Title: (X) Change () Addition

WILKINSON, KAY Name: Address: P.O. BOX 114 BOSTWICK, FL 32007 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: ROBERT B. COULLIETTE ADJ.

Electronic Signature of Signing Officer or Director

06/23/2009 Date