

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90071 003 ****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**

90016298



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

PUTNAM

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

PUTMAN

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

**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

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE ☐ Delete
NAME **PD PASCIAK, PHILLIP M**
STREET ADDRESS **107 SHADY OAKS CT**
CITY-ST-ZIP **INTERLACHEN FL 32148-2458**

TITLE ☒ Delete
NAME **VD LAMBERT, SAMUEL G**
STREET ADDRESS **RR 1 BOX 209 G**
CITY-ST-ZIP **INTERLACHEN FL**

TITLE ☒ Delete
NAME **SD PARENTI, LINDA**
STREET ADDRESS **163 MELROSE LANDING DRIVE**
CITY-ST-ZIP **HAWTHORN FL 32640**

TITLE ☐ Delete
NAME **TD BERRY, JOSEPH**
STREET ADDRESS **227 OFARKELL**
CITY-ST-ZIP **INTERLACHEN FL 32148**

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

TITLE ☒ Delete
NAME **SD DREER, HAROLD E**
STREET ADDRESS **790 LAKE SHORE TER**
CITY-ST-ZIP **INTERLACHEN FL 32148**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VD NICHOLAS CANNON**
STREET ADDRESS
CITY-ST-ZIP **INTERLACHEN, FL. 32148**

TITLE ☒ Change ☐ Addition
NAME **SD RICHARD ILG.**
STREET ADDRESS **121 SILVER LAKE DR**
CITY-ST-ZIP **INTERLACHEN, FL. 32640**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **HAWTHORNE**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **SD JOE GRESKOVICH**
STREET ADDRESS **6727 SE. 230 ST.**
CITY-ST-ZIP **HAWTHORNE, FL. 32640**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Phillip M. Pasciak

1/27/03

386-684-3540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)