


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90054 003 \*\*\*\*61.25

<b>DOCUMENT # 744452</b> 1. Entity Name ANDY ANDERSON POST #125, AMERICAN LEGION, INC.					
Principal Place of Business 6440 5TH AVE S ST PETERSBURG, FL 33707-2333			Mailing Address 6440 5TH AVE S ST PETERSBURG, FL 33707-2333		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6136756	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMBS, WILLIAM H 6266 1ST AVE. S. #15 SAINT PETERSBURG, FL 33707			Name <b>PHIPPS JAMES D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>6400 4TH AVE. SO.</b> City <b>ST. PETERSBURG</b> FL <b>33707</b>		
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 <u><i>James D. Phipps</i></u> <b>Post Commander</b> <b>2-15-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, WILLIAM H		NAME	PHIPPS JAMES D.	
STREET ADDRESS	6266 1ST AVE. S. #15		STREET ADDRESS	6400 4TH AVE. SO.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	ST. PETERSBURG, FL. 33707	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHIPPS, JAMES D		NAME	MYERS GARY	
STREET ADDRESS	6400 4TH AVE. SO.		STREET ADDRESS	6359 2ND AVE. SO.	
CITY-ST-ZIP	ST PETERSBURG, FL 33707		CITY-ST-ZIP	ST. PETERSBURG, FL. 33707	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, ROBERT L		NAME	KAY GEORGE	
STREET ADDRESS	1057 S. 68TH AVE. SO.		STREET ADDRESS	7230 4TH ST NORTH	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705		CITY-ST-ZIP	SAINT PETERSBURG, FL. 33702	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINICK, SHIRLEY		NAME	THOMAS MARVIN	
STREET ADDRESS	7224 PARK ST. S		STREET ADDRESS	767 13TH AVE. NO.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707		CITY-ST-ZIP	ST. PETERSBURG FL. 33701	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAY, GEORGE		NAME		
STREET ADDRESS	7230 4TH ST. N.		STREET ADDRESS		
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>X [Signature]</i></u> <b>FINANCE OFFICER</b> <b>2-15-05</b> <b>(727) 347-6085</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					