


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90195 028 \*\*\*\*61.25

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # 744452</b><br>1. Entity Name<br><b>ANDY ANDERSON POST #125, AMERICAN LEGION, INC.</b>  |   |  |   |   |  |
| Principal Place of Business<br><b>6440 5TH AVE S<br/>ST PETERSBURG, FL 33707-2333</b>  |   |  | Mailing Address<br><b>6440 5TH AVE S<br/>ST PETERSBURG, FL 33707-2333</b> |  |  |
| 2. Principal Place of Business   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 4. FEI Number<br><b>59-6136756</b>   |  |
| Zip  |   | Country  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PHIPPS, JAMES D<br/>6400 4TH AVE SO<br/>SAINT PETERSBURG, FL 33707</b>   |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |   |  |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>PD<br/>PHIPPS, JAMES D<br/>6400 4TH AVE SO<br/>SAINT PETERSBURG, FL 33707</b> <input type="checkbox"/> Delete          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>V<br/>MYERS, GARY<br/>6359 2ND AVE SO<br/>ST PETERSBURG, FL 33707</b> <input checked="" type="checkbox"/> Delete       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>1ST VICE<br/>GEORGE BRIERLEY<br/>5342 6th PLACE<br/>GULFPORT, FL 33707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T<br/>KAY, GEORGE<br/>7230 4TH ST NORTH<br/>SAINT PETERSBURG, FL 33702</b> <input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S<br/>THOMAS, MARVIN<br/>767 13TH AVE NO<br/>SAINT PETERSBURG, FL 33701</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <b>ADJUTANT<br/>ROBERT KELLY<br/>210 61ST ST. S.<br/>ST. PETERSBURG, FL 33707</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                            | <input type="checkbox"/> Change <input type="checkbox"/> 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. |   |  |   |  |  |
| <b>SIGNATURE: <u>George Kay</u> GEORGE KAY</b>   |   |  | <b>4/23/06 727/347-6085</b>   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |  | Date Daytime Phone #  |  |  |

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