

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 08:00 AM
Secretary of State

DOCUMENT # 748077 1. Entity Name TRI-CITY POST NO. 18, THE AMERICAN LEGION, INC.	
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Principal Place of Business 401 E JOHNSON ST PO BOX 1502 WILDWOOD, FL 34785	Mailing Address 401 E JOHNSON ST PO BOX 1502 WILDWOOD, FL 34785
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DO NOT WRITE IN THIS SPACE

01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2377892	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HILL, CHARLES E 401 E JOHNSON ST WILDWOOD FL, FL 34785	DO NOT WRITE IN THIS SPACE
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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: Charles E. Hill DATE: 2-11-08

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000851049 03/25/08-80023-007 61.25
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-10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD HILL, CHARLES E 401 E JOHNSON ST WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D FORT, ROY T. S.R. 44 LAKE PANAFORKKEE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CURRY, DONALD E CR 462 WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CLAUDE, CLYDE L CR 217 WILDWOOD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: Charles E. Hill Charles E. Hill DATE: 2-11-08 352-748-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR