

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748077

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** TRI-CITY POST NO. 18, THE AMERICAN LEGION, INC.

**Current Principal Place of Business:**

401 E JOHNSON ST  
WILDWOOD, FL 34785

**New Principal Place of Business:**

401 E GULF ATLANTIC HWY  
WILDWOOD, FL 34785

**Current Mailing Address:**

401 E JOHNSON ST  
PO BOX 1502  
WILDWOOD, FL 34785

**New Mailing Address:**

P.O. BOX 1502  
WILDWOOD, FL 34785

**FEI Number:** 80-0294821

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILL, CHARLES E DIR  
401 E JOHNSON ST  
WILDWOOD, FL 34785 US

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

HILL, CHARLES E  
401 E JOHNSON ST  
WILDWOOD, FL 34785 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: J. D.DYESS,PD

02/15/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: BOYETTE,, F. STD  
Address: 4688 CR 118  
City-St-Zip: WILDWOOD, FL 34785

Title: D  
Name: HOMER,, R. D  
Address: 402 S. TIMBER TRL.  
City-St-Zip: WILDWOOD, FL 34785

Title: PD  
Name: DYESS,, J. D PD  
Address: P.O. BOX 67  
City-St-Zip: SUMTERVILLE, FL 33585

Title: D  
Name: TAPP,, K. D  
Address: 4806 E. CR 462  
City-St-Zip: WILDWOOD, FL 34785

I hereby 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 all other like empowered.

SIGNATURE: J. D. DYESS

PD

02/15/2010

Electronic Signature of Signing Officer or Director

Date