

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90070 013 \*\*\*\*70.00

**DOCUMENT # 749698**

1. Entity Name  
**THE PARADISE POST AMERICAN LEGION POST NO.79,  
THE AMERICAN LEGION, DEPARTMENT OF FLORIDA**



Principal Place of Business  
**5329 LEGION PLACE  
NEW PT RICHEY, 34652 US**

Mailing Address  
**PO BOX 0113  
NEW PORT RICHEY, FL 34656-0113 US**

00001164



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03202008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-6200329**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITE, EDWARD R  
3345 VAN NUYS LOOP  
NEW PORT RICHEY, FL 34655**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **WILBUR, HERMAN E**  
STREET ADDRESS **6129 ELMHURST DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **P** ☐ Change ☒ Addition  
NAME **JOSEPH E KEEFE**  
STREET ADDRESS **5539 LAGOON DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☒ Delete  
NAME **WILLIS, CHARLES A**  
STREET ADDRESS **5536 LAGOON DR**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRANK HARNED**  
STREET ADDRESS **5802 ELKHORN BLVD**  
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **P** ☐ Delete  
NAME **NICKERSON, EDWIN N**  
STREET ADDRESS **3705 CALERA DR.**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

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

TITLE **D** ☒ Delete  
NAME **JEFFERS, LAWRENCE**  
STREET ADDRESS **6639 HONE ST**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **D** ☐ Change ☒ Addition  
NAME **JOHN HERIG**  
STREET ADDRESS **7820 SYCAMORE DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **TS** ☐ Delete  
NAME **WHITE, EDWARD R**  
STREET ADDRESS **3345 VAN NUYS LP**  
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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

TITLE **D** ☐ Delete  
NAME **KENNEDY, TIMOTHY**  
STREET ADDRESS **8730 SCHRADER BLVD**  
CITY-ST-ZIP **PORT RICHEY, FL 34668**

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

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: EDWARD R. WHITE - TS**

**3-20-2008**

**(727) 376-4126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #