

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749698

FILED
Feb 26, 2009
Secretary of State

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

Current Principal Place of Business:

5329 LEGION PLACE
NEW PT RICHEY, FL 34652 US

New Principal Place of Business:

5329 LEGION PLACE
NEW PT RICHEY, FL 34652 US

Current Mailing Address:

PO BOX 0113
NEW PORT RICHEY, FL 346560113 US

New Mailing Address:

FEI Number: 59-6200329 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEEFE, JOSEPH E
Address: 5539 LAGOON DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: HARNED, FRANK
Address: 5802 ELKHORN BLVD
City-St-Zip: HOLIDAY, FL 34690

Title: D () Delete
Name: NICKERSON, EDWIN N
Address: 3705 CALERA DR.
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: HERIG, JOHN
Address: 7820 SYCAMORE DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: TS () Delete
Name: WHITE, EDWARD R
Address: 3345 VAN NUYS LP
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: KENNEDY, TIMOTHY
Address: 8730 SCHRADER BLVD
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADAMS, JACK S
Address: 7732 CROSIER CT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: MILLER, JOHN J
Address: 6530 LIMERICK AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D (X) Change () Addition
Name: CRAFT, JAMES C
Address: 5607 LAGOON DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD R. WHITE

T/S

02/26/2009

Electronic Signature of Signing Officer or Director

Date