

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760829

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** ESCAMBIA POST 340, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

**Current Principal Place of Business:**

8890 ASHLAND AVENUE  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

8890 ASHLAND AVENUE  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 59-1789782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STURGEN, WILLIAM M JR  
2253 COUNTRY PLACE CIRCLE  
PENSACOLA, FL 32534 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: CO ( ) Delete  
Name: SWEIGART, PAULA M  
Address: 7115 ANNANDALE DRIVE  
City-St-Zip: PENSACOLA, FL 32526

Title: FO ( ) Delete  
Name: HARRIS-DAVIS, MARTHA  
Address: 721 BARKSDALE ST  
City-St-Zip: PENSACOLA, FL 32514

Title: FOVI ( ) Delete  
Name: VANTREASE, JANICE  
Address: 1912 JOSHUA ST  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: FO (X) Change ( ) Addition  
Name: VANTREASE, CHUCK  
Address: 721 BARKSDALE ST  
City-St-Zip: PENSACOLA, FL 32514

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

Title: VC ( ) Change (X) Addition  
Name: BINGLE, WILLIAM  
Address: 8890 ASHLAND AVE  
City-St-Zip: PENSACOLA, FL 32534

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: MICHELE SWEIGART

Electronic Signature of Signing Officer or Director

COM

04/20/2009

\_\_\_\_\_ Date