2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #760901



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Jul 14, 2008 8:00 am
Secretary of State
07-14-2008 90031 036 ****61.25

| | PPELL POST NUMBER 39 , AMERICAN LEGION, INC | | | | 7-14-2006 900. |)1 030 01 | 1.23 |
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| Principal Place of Business 1535 OLD DIXIE HIGHWAY VERO BEACH, FL 32960 Mailling Address P.O. BOX 43 VERO BEACH, FL 32961 | | | | 1 1007111 120720 077711 | Bēli B 1911 Bērā: 1191 B121 B | 1811 81911 81811 81811 8181 | 1121 SI (SE) |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07102008 C | ng-NP CR | 2E037 (12/06) | |
| City & State | | City & State | | 4. FEI Number 59-620082 | 20 | - | plied For |
| Zip | Country | Zip | Country | 5. Certificate of St | atus Desired | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Add | ress of New Registe | ered Agent | |
| סכבוע בו | DANK | | Name | | | | 1 |
| DEELY, FRANK 136 21ST AVE VERO BEACH, FL 32962 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | |
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| • | A Section 1 | | City | | | FL Zip Code | e |
| | named entity submits this statement for ions of registered agent. | or the purpose of changing its | registered office or re | egistered agent, or both, in | the State of Florida. | t am familiar with, | and accept |
| | () A | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: | Registered Agent signature | required when reinstating) | | DATE | |
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| Ď | Filing Fee is \$81.25 ue by September 12, 2008 | 9. Election Cam Trust Fund Co | | \$5.00 May Be Added to Fees | | check payable to epartment of St | |
| 10. | ş , — | Trust Fund Co | | \$5.00 May Be Added to Fees ADDITIONS/CHANG | Florida D | epartment of St | ate |
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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 attachryyent with an address, with all other like empowered.

SIGNATURE: $\frac{\chi}{2}$

JAMES WATSON