

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760901

FILED  
Mar 20, 2010  
Secretary of State

**Entity Name:** FELIX POPPELL POST NUMBER 39, DEPARTMENT OF FLORIDA, AMERICAN LEGION,  
INCORPORATED

**Current Principal Place of Business:**

1535 OLD DIXIE HIGHWAY  
VERO BEACH, FL 32960 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 43  
VERO BEACH, FL 32961 US

**New Mailing Address:**

**FEI Number:** 59-6200820      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BRILL, HAROLD  
1885 1ST STRET  
VERO BEACH, FL 32960 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: CD  
Name: BROWN, ROGER  
Address: 1980 1ST PLACE SW  
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP  
Name: BRILL, HAROLD  
Address: 1885 1ST STREET  
City-St-Zip: VERO BEACH, FL 32962 US

Title: VP  
Name: BARENTINE, STEVE  
Address: 2230 4TH STREET  
City-St-Zip: VERO BEACH, FL 32962 US

Title: AT  
Name: KOMISARZ, ARLENE  
Address: 2331 INDIAN RIVER BLVD., STE 401  
City-St-Zip: VERO BEACH, FL 32962 US

Title: FT  
Name: SOLARS, HARRY W.  
Address: 1346 21ST PLACE SW  
City-St-Zip: VERO BEACH, FL 32962 US

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: ARLENE KOMISARZ

ADJ

03/20/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date