2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#761981

FILED Apr 24, 2009 Secretary of State

Entity Name: TITUSVILLE AMERICAN LEGION POST NO. 1, INC.

Current Principal Place of Business: New Principal Place of Business: 1281 N. U.S. #1 1281 N. U.S. #1 P. O. BOX 6098 1281 N HWY 1 TITUSVILLE, FL 32796 US TITUSVILLE, FL 32796 US **Current Mailing Address: New Mailing Address:** P.O. BOX 6098 TITUSVILLE, FL 327826098 US FEI Number: 59-0937826 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSON, RAYMOND 1588 PENTAX AVE. TITUSVILLE, FL 32796 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JOHNSON, RAYMOND Name: Name: 1588 PENTAX AVE Address: Address: City-St-Zip: TITUSVILLE, FL 32796 US City-St-Zip: Title: () Delete Title: () Change () Addition O'NEILL, ROBERT S Name: Name: Address: 3312 NAB STREET Address: City-St-Zip: MIMS, FL 32754 US City-St-Zip: Title: () Delete Title: (X) Change () Addition FUTCH, DOUGLAS W JEDLICKA, GEORGE R Name: Name: 3015 BRIARWOOD CT 2220 BAL HARBOUR TERR. Address: Address: City-St-Zip: TITUSVILLE, FL 32796 City-St-Zip: TITUSVILLE, FL 32780 Title: () Delete Title: () Change () Addition WITHROW, BRADY A Name: Name: 5055 SHARLENE DR Address: Address: City-St-Zip: TITUSVILLE, FL 32780 US City-St-Zip: Title: () Delete Title: (X) Change () Addition MALIK, BARRY A SR RUKES, Z B Name: Name: 4121 WOODLAND CT 2270 GEORGIA AVE. Address: Address: City-St-Zip: MIMS, FL 32754 US City-St-Zip: TITUSVILLE, FL 32796 US Title: () Delete Title: () Change () Addition WHITE, FERRIAL Name: Name: Address: 4056 PECAN ST Address: MIMS, FL 32754 City-St-Zip: 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: RAYMOND JOHNSON S 04/24/2009