

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761997

FILED
Jan 13, 2011
Secretary of State

Entity Name: PINE ISLAND POST #136, INCORPORATED, THE AMERICAN LEGION, PINE ISLAND, LEE COUNTY, FLORIDA

Current Principal Place of Business:

4106 STRINGFELLOW RD., NW
ST. JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

PO BOX 776
ST. JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 59-2013624 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JWJ ASSOCIATES
C/O BARRY WOODROW
1059 NE PINE ISLAND RD.
CAPE CORAL, FL 33909 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: CMDR
Name: AUGUST, BARRY
Address: 2384 SYCAMORE AVE
City-St-Zip: ST JAMES CITY, FL 33956

Title: FIN
Name: CRAWFORD, ANN
Address: 3627 CLIPPER LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: 2D
Name: RATAJ, JOSEPH
Address: 3184 STRINGFELLOW RD
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: ADJ
Name: AUGUST, BARRY
Address: 2384 SYCAMORE ST.
City-St-Zip: ST JAMES CITY, FL 33956

Title: 1ST
Name: MILLER, BRUCE
Address: 4975 PORKY LANE
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: PAST
Name: VALLEE, JOSEPH G
Address: 2921 BOWSPIRIT AVE
City-St-Zip: ST JAMES CITY, FL 33956

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: ANN CRAWFORD

FINA

01/13/2011

Electronic Signature of Signing Officer or Director

Date