


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

|  |   |
|--|---|
| <b>DOCUMENT # 767123</b>   |  |
| 1. Entity Name<br>MARSHALL LABREE POST NO. 304 AMERICAN LEGION, INC. |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG 13 AM 11:04

|   |   |
|---|---|
| Principal Place of Business<br>41 N.E. 1ST COURT<br>AMERICAN LEGION POST 304<br>DANIA BEACH, FL 33004 | Mailing Address<br>41 N.E. 1ST COURT<br>AMERICAN LEGION POST 304<br>DANIA BEACH, FL 33004 |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

07292008 Chg-NP CR2E037 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br>59-1364999                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>LOUNSBERRY, KEVIN M<br>348 S FEDERAL HWY. #21<br>DANIA BEACH, FL 33004 | 7. Name and Address of New Registered Agent<br>Name <u>JOHN P. VAZQUEZ</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>85 GULF STREAM RD # 312</u><br>City <u>DANIA BEACH</u> FL <u>33004</u> |
|---|---|

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John P. Vazquez  
Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                       |   |                                |  |
|-----------------------|---|--------------------------------|--|
| Amended AR is \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees | Make check payable to<br>Florida Department of State |
|-----------------------|---|--------------------------------|--|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LOUNSBERRY, KEVIN M<br>348 S FEDERAL HWY., #21<br>DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PRESIDENT<br>JOHN P VAZQUEZ<br>85 GULF STREAM RD # 312<br>DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>BURLINGAME, KARL<br>313 LEWIS LANE<br>DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>MICHAEL DEVERONICA<br>3 BARRY ROAD<br>HOLLYWOOD, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>HILL, DONALD R<br>4884 SW 24TH AVE.<br>DANIA BEACH, FL 33004 <input checked="" type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SEC/TREAS.<br>WALLACE SHARRETT<br>1910 SW 55TH TER, DANIE, FL 33324 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.

SIGNATURE: Kevin Lounsberry KEVIN LOUNSBERRY 8/11/08 954-921-7532  
Signature and typed or printed name of signing officer or director Date Daytime Phone #