2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767615

FILED Apr 22, 2009 Secretary of State

Entity Name: AMERICAN LEGION BOYS STATE & YOUTH FOUNDATION, INC.

Current Principal Place of Business: ION, INC. 300 AVE M N.W. 300 AVE M N.W. WINTER HAVEN, FL 338812406 Current Mailing Address: 525 POPE AVENUE, NW WINTER HAVEN, FL 33881 US New Mailing Address: 525 POPE AVENUE, NW WINTER HAVEN, FL 33881 US New Mailing Address: 525 POPE AVENUE, NW WINTER HAVEN, FL 33881 US FEI Number Sp-2569078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: ROWSE JR, WILLIAM A 525 POPE AVENUE NW WINTER HAVEN, FL 33881 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 OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOI Title: D () Delete Title: () Change () Addition Name: Address: 625 POPE AVENUE NW. City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33880	Entity Nan	IIE: AMERICAI	N LEGION BOTS STATE & T	OUTHE	DONDATION, INC.			
WINTER HAVEN, FL 33881 US Current Mailing Address: New Mailing Address: 525 POPE AVENUE, NW. WINTER HAVEN, FL 33881 US FEI Number: 59-2569078 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: Name: Address: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR: Name: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 Title: TD () Delete Name: Title: () Change () Addition Name: Address: City-St-Zip: WINTER HAVEN, FL 33881 Title: TD () Delete Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address: () Address:	Current Principal Place of Business:				New Principal Place of Business:			
525 POPE AVENUE, NW. WINTER HAVEN, FL 33881 SET Number: 59-2569078 FEI Number Applied For () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: Name: Rowse JR, WILLIAM A State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: D () Delete Name: Rowse JR, WILLIAM A Name: Address: 625 POPE AVENUE N.W. Address: 625 POPE AVENUE N.W. Address: 525 POPE AVENUE N.W. City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 Title: TD () Delete Name: RBY, TIM Address: 277 MAGNOLIA AVE., SW Address: 277 MAGNOLIA AVE., SW Address: 277 MAGNOLIA AVE., SW	300 AVE M		812406		525 POPE AVENUE, WINTER HAVEN, FL	NW . 33881	US	
WINTER HAVEN, FĹ 33881 US FEI Number: 59-2569078 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: ROWSE JR, WILLIAM A 525 POPE AVENUE NW WINTER HAVEN, FL 33881 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 DIRECTO Title: D () Delete Title: () Change () Addition Name: ROWSE JR, WILLIAM A Address: 525 POPE AVENUE N.W. Address: () City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: IRBY, TIM Name: Address: 277 MAGNOLIA AVE., SW Address: 277 MAGNOLIA AVE., SW Address:	Current Mailing Address:				New Mailing Address:			
Name and Address of Current Registered Agent: ROWSE JR, WILLIAM A 525 POPE AVENUE NW WINTER HAVEN, FL 33881 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 DIRECTOR Title: D () Delete Title: () Change () Addition Name: ROWSE JR, WILLIAM A Name: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: WINTER HAVEN, FL 33881 Title: TD () Delete Title: () Change () Addition Name: IRBY, TIM Name: () Change () Addition			81				US	
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Electronic Signature of Registered Agent OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: D () Delete Title: Name: ROWSE JR, WILLIAM A Address: 525 POPE AVENUE N.W. City-St-Zip: WINTER HAVEN, FL 33881 Title: TD () Delete Title: () Change () Addition Name: City-St-Zip: Title: Title: TD () Delete Title: Name: RAddress: 277 MAGNOLIA AVE., SW Address: Address:	525 POPE WINTER H The above in the State	AVENUE NW AVEN, FL 338 named entity si of Florida.		purpose c	of changing its registere	ed office o	r registered agent, o	or both,
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Name: IRBY, TIM Name: Address: 277 MAGNOLIA AVE., SW Address:	Name: Address:	ROWSE JR, WIL 525 POPE AVEN	LLIAM A IUE N.W.		Name: Address:	()Chang	e () Addition	
	Name: Address:	IRBY, TIM 277 MAGNOLIA	AVE., SW		Name: Address:	()Chang	e () Addition	

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: WILLIAM A. ROWSE, JR DIR 04/22/2009