


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90052 031 \*\*\*\*61.25

<b>DOCUMENT # 769153</b>	
1. Entity Name <b>FRANK MARSTON POST 33, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA</b>	

Principal Place of Business <b>1401 W INTENDENCIA ST. P O BOX 504 PENSACOLA FL 32593-7504</b>	Mailing Address <b>1401 W INTENDENCIA ST. P O BOX 504 PENSACOLA FL 32593-7504</b>
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2. Principal Place of Business <b>1401 W Intendencia St</b> Suite, Apt. #, etc.	3. Mailing Address <b>P. O. Box 504</b> Suite, Apt. #, etc.
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City & State <b>Pensacola, fl 32501</b>	City & State <b>Pensacola, Fl 32591</b>
Zip <b>32501</b>	Zip <b>32591</b>
Country <b>Escambia</b>	Country <b>Escambia</b>

4. FEI Number <b>59-6200799</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BURLESON, DOUGLASS M 1725 E CERVANTES ST PENSACOLA FL 32501</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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  **Feb 4, 2004**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PC BURLESON, DOUG 1725 E CERVANTES ST PENSACOLA FL 32501</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>H DEAN, GLENNIS C 3903 LONG LOAF DR PENSACOLA FL 32526</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TD LEE, HALL 4405 MCCLELLAN RD. PENSACOLA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VCD PELS, ED 114 W LAKEVIEW AVE PENSACOLA FL 32501</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BREEZE, BERNARD 33 ADKINSON DR PENSACOLA FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D FOREHAND, CHARSLIE D 3211 PATRICIA DR PENSACOLA FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Hon Larson 6830 Mobile Hwy Pensacola, Fl 32526</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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:**  **DOUGLASS M BURLESON, COMMANDER** **Feb 5, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #