

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90082 043 \*\*\*\*61.25

**DOCUMENT # 769153**

1. Entity Name

**FRANK MARSTON POST 33, INCORPORATED, THE  
AMERICAN LEGION, DEPARTMENT OF FLORIDA**



Principal Place of Business

**1401 W INTENDENCIA ST.  
PENSACOLA FL 32593-7504**

Mailing Address

**P O BOX 504  
PENSACOLA FL 32591**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number  
**59-6200799**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURLESON, DOUGLASS M  
1725 E CERVANTES ST  
PENSACOLA FL 32501**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Signature]*

*Douglas M. Burleson SA*

*Commander*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PC** ☐ Delete  
NAME **BURLESON, DOUG**  
STREET ADDRESS **1725 E CERVANTES ST**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **H** ☒ Delete  
NAME **LARSON, RON**  
STREET ADDRESS **6830 MOBILE HWY**  
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE **TD** ☒ Delete  
NAME **LEE, HALL**  
STREET ADDRESS **4405 MCCLELLAN RD.**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **VCD** ☐ Delete  
NAME **PELS, ED**  
STREET ADDRESS **114 W LAKEVIEW AVE**  
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE **D** ☐ Delete  
NAME **BREEZE, BERNARD**  
STREET ADDRESS **33 ADKINSON DR**  
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☐ Delete  
NAME **FOREHAND, CHARLS D**  
STREET ADDRESS **3211 PATRICIA DR**  
CITY-ST-ZIP **PENSACOLA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **1st Vice Commander** ☒ Change ☐ Addition  
NAME **Riddles, Paul D**  
STREET ADDRESS **4695 Durham Dr.**  
CITY-ST-ZIP **Pensacola, FL 32526**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*[Signature]*

*Douglas M. Burleson SA*

*1-20-06*

*950-432-0000*