2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 769153

1. Entity Name
FRANK MARSTON POST 33, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA

Principal Place of Business	Mailing Address
1401 W INTENDENCIA ST. PENSACOLA, FL 32593-7504	P O BOX 504 PENSACOLA, FL 32591

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01032007 No Chg-NP CR2E037 (4/06)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC
NAME	BURLESON, DOUG
STREET ADDRESS	1725 E CERVANTES ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	1VC
NAME	RIDDLES, PAUL D
STREET ADDRESS	4695 DURHAN DR
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	VCD
NAME	PELS, ED
STREET ADDRESS	114 W LAKEVIEW AVE
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	D
NAME	BREEZE, BERNARD
STREET ADDRESS	33 ADKINSON DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	D
NAME	FOREHAND, CHARSLE D
STREET ADDRESS	3211 PATRICIA DR
CITY-ST-ZIP	PENSACOLA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/05/07-80006-024 61.25

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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: J. M. Burleson Sr. Post Commander 1-4-07 850-983-0436 850-791-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #