


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90070 035 \*\*\*\*61.25

DOCUMENT # 769874					
1. Entity Name CROSS BAYOU AMERICAN LEGION POST, INC., #252					
Principal Place of Business 11433 78TH AVE N SEMINOLE, FL 33772-4621		Mailing Address 11433 78TH AVE N SEMINOLE, FL 33772-4621			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2317458	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WARNER, MICHAEL 11433 78TH AVE N SEMINOLE, FL 33772			Name <u>GARRICK LYNCH</u> Street Address (P.O. Box Number is Not Acceptable) <u>9916 SEMINOLE BLVD.</u> City <u>SEMINOLE</u> FL Zip Code <u>33772</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: <u>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable		<u>GARRICK J. LYNCH</u> (NOTE: Registered Agent signature required when reinstating)		<u>2/8/06</u> DATE	
<p><b>Filing Fee is \$61.25</b>  <b>Due by May 1, 2006</b></p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<p><b>\$5.00</b> May Be Added to Fees</p> <p>Make check payable to Florida Department of State</p>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<u>COMMODIA</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARNER, MICHAEL		NAME	<u>MIKE ADDIS</u>	
STREET ADDRESS	P.O. BOX 7813		STREET ADDRESS	<u>11372 75TH AVE N.</u>	
CITY-ST-ZIP	SEMINOLE, FL 337757813		CITY-ST-ZIP	<u>SEMINOLE FL. 33772</u>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<u>1ST VICE</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARNER, MICHAEL		NAME	<u>LARRY BURMASTER</u>	
STREET ADDRESS	P.O. BOX 7813		STREET ADDRESS	<u>12573 79TH AVE. N.</u>	
CITY-ST-ZIP	SEMINOLE, FL 337757813		CITY-ST-ZIP	<u>SEMINOLE FL. 33776</u>	
TITLE	FOD	<input checked="" type="checkbox"/> Delete	TITLE	<u>2ND VICE</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMISTON, JAMES		NAME	<u>KIELLY KAPPAS</u>	
STREET ADDRESS	8667 SEMINOLE BLVD. LOT 14		STREET ADDRESS	<u>12431 81ST CT. N.</u>	
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP	<u>SEMINOLE FL. 33772</u>	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<u>ADJUTANT</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORAN, LEO E		NAME	<u>JOHN TRASHNIK</u>	
STREET ADDRESS	10515 PORPOISE PARK DR		STREET ADDRESS	<u>11095 59TH AVE.</u>	
CITY-ST-ZIP	SEMINOLE, FL 337723845		CITY-ST-ZIP	<u>SEMINOLE FL. 33772</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2-10-06</u>	
				Daytime Phone #	