# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2007**
**Secretary of State**

DOCUMENT# 769874

**Entity Name:** CROSS BAYOU AMERICAN LEGION POST, INC., #252

**Current Principal Place of Business:**

11433 78TH AVE N
SEMINOLE, FL 337724621

**New Principal Place of Business:**

**Current Mailing Address:**

11433 78TH AVE N
SEMINOLE, FL 337724621

**New Mailing Address:**

**FEI Number: 59-2317458** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARRIER, LYNETT
9996 SEMINOLE BLVD
SEMINOLE, FL 33772 US

**Name and Address of New Registered Agent:**

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:**

Title: C ( ) Delete
Name: ABBIS, MIKE
Address: 11372 75TH AVE N
City-St-Zip: SEMINOLE, FL 33772

Title: 1V ( ) Delete
Name: BURNMASTER, LARRY
Address: 12573 79TH AVE N
City-St-Zip: SEMINOLE, FL 33776

Title: 2V ( ) Delete
Name: KAPPAS, KIELLY
Address: 12431 81ST CT N
City-St-Zip: SEMINOLE, FL 33772

Title: AD ( ) Delete
Name: TRACHAK, JOHN
Address: 11095 59TH AVE
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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:

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: MIKE ABBIS C 04/25/2007

Electronic Signature of Signing Officer or Director Date