2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 770975

1. Entity Name
THE KNOWLES G. OGLESBY POST NO. 3, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1575 US HWY 17 S BOX 687 BARTOW, FL 33830 US	1575 US HWY 17 S BOX 687 BARTOW, FL 33830 US

DO NOT WRITE IN THIS SPACE

04032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOWERY, L.M.
1110 GEORGE ST
BARTOW, FL 33830

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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: [signature] L.M. Lowery 12 April 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SAGE, TOM
STREET ADDRESS	1575 HIGHWAY 17 SOUTH
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	FO
NAME	LOWERY, L.M
STREET ADDRESS	1110 GEORGE ST
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	ST
NAME	COSSABOOM, DONALD
STREET ADDRESS	2455 HWY 17 S, #101
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	D
NAME	ORTH, JAMES H.
STREET ADDRESS	850 SHADY LANE
CITY-ST-ZIP	BARTOW, FL
TITLE	D
NAME	RUSSELL, FRED
STREET ADDRESS	625 FORMOSA AVENUE
CITY-ST-ZIP	BARTOW, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/06-80193-009 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: [signature] L.M. Lowery 12 April 2006 863 533 8893
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #