

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90032 032 ****61.25

DOCUMENT # 770975

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



Principal Place of Business

1575 US HWY 17 S

~~BOX 687~~

BARTOW, FL 33830 US

Mailing Address

1575 US HWY 17 S

~~BOX 687~~

BARTOW, FL 33830 US



01092007 No Chg-NP _____ CR2E037 (4/06) _____

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

L.M. Lowery Finance Officer

(NOTE: Registered Agent signature required when reinstating)

5 March 2007

DATE

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
C
SAGE, TOM
1575 HIGHWAY 17 SOUTH
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
FO
LOWERY, L.M
1110 GEORGE ST
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
COSSABOOM, DONALD
2455 HWY 17 S, #101
BARTOW, FL 33830

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ORTH, JAMES H.
850 SHADY LANE
BARTOW, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RUSSELL, FRED
625 FORMOSA AVENUE
BARTOW, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

L.M. Lowery

5 March 07

863 533 8893