

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770975

FILED
Mar 10, 2009
Secretary of State

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

Current Principal Place of Business:

1575 US HWY 175
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

1575 US HWY 175
BARTOW, FL 33830 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOWERY, L.M.
1110 GEORGE ST
BARTOW, FL 33830 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: PETERS, MARCUS
Address: BOX 1685
City-St-Zip: BOWLING GREEN, FL 33834

Title: FO () Delete
Name: LOWERY, L.M.
Address: 1110 GEORGE ST
City-St-Zip: BARTOW, FL 33830

Title: ST () Delete
Name: COSSABOOM, DONALD
Address: 2455 HWY 17 S, #101
City-St-Zip: BARTOW, FL 33830

Title: 1V () Delete
Name: MCCUE, TERRY
Address: BOX 141
City-St-Zip: HOMELAND, FL 33847

Title: D () Delete
Name: RUSSELL, FRED
Address: 625 FORMOSA AVENUE
City-St-Zip: BARTOW, FL

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:

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: MARK PETERS

COMM

03/10/2009

Electronic Signature of Signing Officer or Director

Date