


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

07-25-2005 90100 015 ****61.25

DOCUMENT # N01000000790			
1. Entity Name FARRIS H. DAVIS POST 299 THE AMERICAN LEGION, INC.			
Principal Place of Business 600 RIVER RD. MOORE HAVEN, FL 33471-0575		Mailing Address P. O. BOX 575 MOORE HAVEN, FL 33471-0575	
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 59-0520424		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARQUITH, RICHARD J 739-A RIVERBEND DR LABELLE, FL 33935		7. Name and Address of New Registered Agent Name <u>JONES, K.S.B.</u> Street Address (P.O. Box Number is Not Acceptable) <u>P.O. Box - 63</u> <u>56 PARK AVE. E.</u> City <u>MOORE HAVEN</u> FL Zip Code <u>33471</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>Jones, K.S.B. President</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>M.S. Jones</u> <small>(NOTE: Registered Agent signature required when releasing)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FOA MARQUITH, RICHARD J 739-A RIVERBEND DR LABELLE, FL 33935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HYER, ROBERT K PO BOX 115 MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAMES, HENSON C 51700 HIGHWAY 27 CLEWISTON, FL 33440 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JONES, KSB PO BOX 63 MOORE HAVEN, FL 334710063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARQUITH, RJ PO BOX 895 MOORE HAVEN, FL 334710895 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHIDDEN, J. DAVID 2555 CHAPPERAL LN MOORE HAVEN, FL 33471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3X1), 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>K.S. Jones</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Jones, K.S.B. President</u> <small>Date</small> <u>07-19-05</u> <small>Daytime Phone #</small> <u>863-946-1666</u>	

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