


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

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N0100000790**

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**



01102007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-0520424</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, K.S.B.  
 P.O. BOX 63  
 50 PARK AVENUE EAST  
 MOORE HAVEN, FL 33471**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$81.25  
 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	FOA HERRINGTON, JIM L 280 WESTERN DR MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRUEGMANN, DALE PO BOX 1145 MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, GORDON PO BOX 130 MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, KSB PO BOX 63 MOORE HAVEN, FL 334710063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERRINGTON, JIM S 280 WESTERN DR MOORE HAVEN, FL 33471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, KELLOGG PO BOX 615 MOORE HAVEN, FL 33471

U00000598367  
 01/23/07-80076-015 70.00

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:** *Jim Herrington* **JIM HERRINGTON** 1-16-07 863-946-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **WEB ONLY**