2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N01000000790

Entity Name: FARRIS H. DAVIS POST 299 THE AMERICAN LEGION, INC.

Current Principal Place of Business:

600 RIVER RD.
MOORE HAVEN, FL 334710575

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 575
MOORE HAVEN, FL 334710575

New Mailing Address:

FEI Number: 59-0520424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRYANT, GORDON
601 5TH ST N.W.
MOORE HAVEN, FL 33471 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: FOA ( ) Delete
Name: HERRINGTON, JIM L
Address: 280 WESTERN DR
City-St-Zip: MOORE HAVEN, FL 33471

Title: PD ( ) Delete
Name: BRYANT, GORDON
Address: PO BOX 130
City-St-Zip: MOORE HAVEN, FL 33471

Title: VD ( ) Delete
Name: JONES, K S
Address: PO BOX 63
City-St-Zip: MOORE HAVEN, FL 334710063

Title: SD ( ) Delete
Name: HERRINGTON, JIM S
Address: 1135 WESTERN DRIVE
City-St-Zip: MOORE HAVEN, FL 33471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: FOA (X) Change ( ) Addition
Name: HERRINGTON, JIM L
Address: 1139 WESTERN DR
City-St-Zip: MOORE HAVEN, FL 33471

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: JIM L. HERRINGTON FO 01/08/2009

Electronic Signature of Signing Officer or Director Date