


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90103 018 \*\*\*\*61.25

<b>DOCUMENT #</b> N01000003845	
<b>1. Entity Name</b> HUGH T. GREGORY POST NO. 63, INC. OF THE AMERICAN LEGION	

<b>Principal Place of Business</b> 271 W PLANT ST WINTER GARDEN FL 34787	<b>Mailing Address</b> PO BOX 771041 WINTER GARDEN FL 34777-1041
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<b>2. Principal Place of Business</b> 271 W. Plant St. Suite, Apt. #, etc. Winter Garden, FL	<b>3. Mailing Address</b> P.O. Box 771041 Suite, Apt. #, etc. Winter Garden, FL
<b>City &amp; State</b> Winter Garden, FL	<b>City &amp; State</b> Winter Garden, FL
<b>Zip</b> 34787	<b>Country</b> ORANGE
<b>Zip</b> 34777	<b>Country</b> ORANGE



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b> WARREN, ROBERT 516 GRAND ROYAL CIRCLE WINTER GARDEN FL 34787	<b>7. Name and Address of New Registered Agent</b> Name: GLENN HUNGERFORD Street Address (P.O. Box Number is Not Acceptable): 576 GARDEN HEIGHTS DR. City: Winter Garden FL Zip Code: 34787
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**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: Glenn E. Hungerford (Commander) DATE: 4-19-04

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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOYER, KATHRYN O 611 PALOMAS AVE OCOE FL 34761 <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 HUNGERFORD, GLEN 576 GARDEN HEIGHTS DR. WINTER GARDEN FL 34787 <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	PD WARREN, ROBERT H 516 GRAND ROYAL CIRCLE WINTER GARDEN FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO- Lenny Stuart <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1039 Almond tree circle Orlando, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, TERRY L 704 SPRING CREEK DR OCOE FL 34761 <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	SD FLEMING, JIM 511 ORANGE AVE OCOE FL 34761 <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 BOYER, DAVID A 611 PALOMAS AVE. OCOE FL 34761 <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(3)(i), 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:** James R. Fleming 4/17/04 (407) 656-3838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #