2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006025

FILED Aug 06, 2007 Secretary of State

Entity Name: CALHOUN COUNTY AMERICAN LEGION POST 272, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

18838 HWY. 20 WEST 18838 HWY. 20 WEST

POST OFFICE BOX 906 BLOUNTSTOWN, FL 32424 US BLOUNTSTOWN, FL 32424

Current Mailing Address: New Mailing Address:

CALHOUN COUNTY AMERICAN LEGION 18838 HWY 20 WEST

POST OFFICE BOX 906 P.O.BOX 906

BLOUNTSTOWN, FL 32424 US

FEI Number: 59-3604822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAILEY, JR, CLYDE T

MEARS, STEVE G SR
20767 SE RAY AVE.

15837 SW FAIRCLOTH RD.

PLOUNTSTONAN FL 22424 LIS

BLOUNTSTOWN, FL 32424 US BLOUNTSTOWN, FL 32424 US

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: STEVE G. MEARS, SR 08/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD () Delete Title: STD (X) Change () Addition Name: JOHNSTON, CHARLES W Address: 15297 NW J.W. RACKLEY RD. Address: 15297 NW J.W. RACKLEY RD.

City-St-Zip: ALTHA, FL 32421 City-St-Zip: ALTHA, FL 32421 US

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 BAILEY JR, CLYDE T
 Name:
 MEARS, STEVE G SR

 Address:
 20767 SE RAY AVE.
 Address:
 15837 SW FAIRCLOTH RD.

 City-St-Zip:
 BLOUNTSTOWN, FL 32424
 City-St-Zip:
 BLOUNTSTOWN, FL 32424 US

Title: VPD () Delete Title: VPD (X) Change () Addition

Name:MEARS, SR, STEVE GName:WEIGNER, RAYMOND JAddress:15837 SW FAIRCLOTH ROADAddress:19969 NE BURNS AVECity-St-Zip:BLOUNTSTOWN, FL 32424City-St-Zip:BLOUNTSTOWN, FL 32424 US

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: STEVE G. MEARS, SR PD 08/06/2007