## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 07, 2008 08:00 AN Secretary of State DOCUMENT # N01000008072 1. Entity Name AMERICAN LEGION POST #220, INC. Principal Place of Business Mailing Address 1455 NW 6TH ST 1455 NW 6TH ST FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 2. Principal Place of Business - No P.O. Box # 3. Mailine Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 35-0144250 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FIELDS, PAUL Street Address (P.O. Box Number is Not Acceptable) **521 ALABAMA AVENUE** FORT LAUDERDALE FL 33312 City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature received when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11, TITLE Addition ☐ Delate TITLE Change 1100000949464 FIELDS, PAUL NAME NAME 06/03/08-80030-009 61.25 521 ALABAMA AVENUE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZiF ۷D TiTLE ☐ Delate TITLE ☐ Change ☐ Addition CUNIGAN, VERNON NAME NAME 413 NW 15TH AVE #3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delate TITLE Change ☐ Addition YATES, GEORGE JR. NAME NAME STREET ADDRESS 1624 NW 7TH STREET STREET ADDRESS FORT LAUDERDALE FL 33311 CITY-ST-7IP CITY- ST- 7/P BHE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 11110 ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE TITLE Change Addition NAME NAME STHEET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 accordingly.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

5-5-08 754-422-5944