

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005723

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION WEST PORT SAINT LUCIE POST 355 CORPORATION

**Current Principal Place of Business:**

1150 SW CALIFORNIA BLVD.  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 880427  
PORT ST. LUCIE, FL 349880427

**New Mailing Address:**

FEI Number: 59-3751621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCARSELLA, JOSEPH A  
8276 SANDPINE CIRCLE  
PORT ST. LUCIE, FL 34952 US

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

KNEPSHIELD, RONALD K  
1919 SW BEAUREGARD STREET  
PORT ST. LUCIE, FL 34953 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: RONALD K. KNEPSHIELD

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KNEPSHIELD, RONALD K  
Address: 1919 SW BEAUREGARD STREET  
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VD  
Name: RIPPERGER, HAROLD  
Address: 6145 NW EAST DEVILLE CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: TD  
Name: FARRALL, CATHERINE A  
Address: 2280 SW MOUNT VERNON STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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 all other like empowered.

SIGNATURE: RONALD K. KNEPSHIELD

P/D

04/09/2012

Electronic Signature of Signing Officer or Director

Date