

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006579

FILED
Apr 12, 2009
Secretary of State

Entity Name: AMERICAN LEGION SUWANNEE POST 107, INC.

Current Principal Place of Business:

10726 E 142ND ST
MC ALPIN, FL 32062

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 250
MC ALPIN, FL 32062

New Mailing Address:

6443 161ST ROAD
LIVE OAK, FL 32060

FEI Number: 81-0588418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUFFINGTON, RICHARD
1017 PINE VIEW CIRCLE
LIVE OAK, FL 32060 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: 1VC () Delete
Name: LEES, RICHARD SR
Address: 12371 148TH TERR
City-St-Zip: LIVE OAK, FL 32060

Title: 2VC () Delete
Name: SLATER, ARLEY R
Address: 6452 161ST RD
City-St-Zip: LIVE OAK, FL 32060

Title: ADJT () Delete
Name: GENTRY, ROBERT L
Address: 6443 161ST ROAD
City-St-Zip: LIVE OAK, FL 32060

Title: EX () Delete
Name: HOLDEN, JAMES
Address: 10995 150TH ST
City-St-Zip: MC ALPIN, FL 32062

Title: EX () Delete
Name: PASS, CLAUDE W
Address: 4486 193 DR
City-St-Zip: LIVE OAK, FL 32060

Title: CD () Delete
Name: BUFFINGTON, RICHARD
Address: 1017 PINEVIEW CIR
City-St-Zip: LIVE OAK, FL 32064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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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: ROBERT GENTRY

ADJ

04/12/2009

Electronic Signature of Signing Officer or Director

Date