

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 04, 2006 8:00 am**  
**Secretary of State**

08-04-2006 90017 005 \*\*\*\*66.25

DOCUMENT # N03000000983

1. Entity Name

THE AMERICAN LEGION OF MIAMI BEACH, POST 85, INC.



Principal Place of Business

949 PENNSYLVANIA, APT. 206  
MIAMI BEACH FL 33139-5422

Mailing Address

949 PENNSYLVANIA, APT. 206  
MIAMI BEACH FL 33139-5422



2nd MOORE CR2E037 (4/06)

2. Principal Place of Business

949 Pennsylvania  
Apt 206

3. Mailing Address

949 Pennsylvania  
Apt 206

Suite, Apt. #, etc.

City & State  
Miami Beach FL

Suite, Apt. #, etc.

City & State  
Miami Beach FL

Zip  
33139-5422

Country  
USA

Zip  
33139-5422

Country  
USA

4. FEI Number  
20-0565285

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHU, CASEY C  
100 S.E. 2ND ST., 18TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name  
Charles Washko

Street Address (P.O. Box Number is Not Acceptable)

953 Collins Ave. apt. 209

City  
Miami Beach, Florida FL

Zip Code  
33139

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

Charles Washko

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/29/06

DATE

FILE NOW: FEE IS \$61.25  
Due By September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☒

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
DONELIN, JIM  
949 PENNSYLVANIA, APT. 206  
MIAMI BEACH FL 33139-5422 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WOLFF, GERALD S  
4635 ALTON RD.  
MIAMI BEACH FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CHU, CASEY C  
1521 LENOX AVE., APT. 109  
MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
REIS, HARRY  
100 BAYVIEW DR., APT. 1511  
SUNNY ISLES BEACH FL 33160 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUCK, LOUIS  
20757 N.W. 9TH CT., APT. 208  
NORTH MIAMI FL 33169 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIMON, MICHAEL  
5570 LA GORCE DR.  
MIAMI BEACH FL 33140 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Charles Washko  
953 Collins Ave, apt. 209  
Miami Beach, Florida, 33139 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Jim Donelin JIM DONELIN

7/29/06 305 534 5690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #