

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90006 008 \*\*\*\*61.25

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01052007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000000983</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0565285	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WASHKO, CHARLES 953 COLLINS AVE APT 209 MIAMI BEACH, FL 33139				Name SAM FELDMAN Street Address (P.O. Box Number is Not Acceptable) 1020 MERIDIAN AV. #901 City MIAMI BEACH, 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 2-6-07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONELIN, JIM		NAME		
STREET ADDRESS	949 PENNSYLVANIA, APT. 206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 331395422		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLFF, GERALD S		NAME	VD	
STREET ADDRESS	4635 ALTON RD.		STREET ADDRESS	221 COLLINS AVE #1	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WASHKO, CHARLES		NAME		
STREET ADDRESS	953 COLLINS AVE APT 209		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIS, HARRY		NAME		
STREET ADDRESS	100 BAYVIEW DR., APT. 1511		STREET ADDRESS		
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUCK, LOUIS		NAME		
STREET ADDRESS	20757 N.W. 9TH CT., APT. 208		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, MICHAEL		NAME		
STREET ADDRESS	5570 LA GORCE DR.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 2/8/07		
			Daytime Phone # 305 5345690		