


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N03000005930</b>	
1. Entity Name <b>ERNEST WESTBROOK POST NO. 41, AMERICAN LEGION, INC.</b>	

Principal Place of Business <b>101 S. BAY ST. EUSTIS FL 32726</b>	Mailing Address <b>PO BOX NO 354 EUSTIS FL 32727-0354</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>HANSON, DEAN 87 SO. PINE AVE UMATILLA FL 32784</b>	
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4. FEI Number <b>35-0144250</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 Florida. 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 required when reinstating)	DATE
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P HANSON, MIRIAM L</b>
STREET ADDRESS	<b>87 SO PINE AVE</b>
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>V MASON, SUSAN B</b>
STREET ADDRESS	<b>24507 ROLLING OAK RD</b>
CITY-ST-ZIP	<b>SORRENTO FL 32776</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>S HANSON, DEAN</b>
STREET ADDRESS	<b>87 SO. PINE AVE</b>
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>T BOLE, EDWARD</b>
STREET ADDRESS	<b>40200 BABB RD</b>
CITY-ST-ZIP	<b>UMATILLA FL 32784</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>U000000216522</b>
STREET ADDRESS	<b>02/05/05-80052-015 61.25</b>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>DEAN HANSON</b>	<b>1 Feb 05 (352) 669-4658</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #