2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010523

FILED Mar 12, 2008 Secretary of State

Entity Name: MAJOR B.F. HICKEY DETACHMENT, USMCL INC

Current Principal Place of Business: New Principal Place of Business:

AMERICAN LEGION POST VFW POST 4364 1520 4TH ST. N. 5773 62ND STR N

SAINT PETERSBURG, FL 33734 US PINELLAS PARK, FL 33781 US

Current Mailing Address: New Mailing Address:

P.O. BOX 15503

SAINT PETERSBURG, FL 33733 US

FEI Number: 20-0660624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KELLY, JOSEPH KELLY, JOSEPH

810 59TH AVE. 6188 80TH STR N, #105.

ST. PETERSBURG BEACH, FL 33706 US ST. PETERSBURG, FL 33709 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: JOSEPH KELLY 03/12/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: KELLY, JOSEPH Name: KELLY, JOSEPH

Address: 810 59TH AVE. Address: 6188 80TH STR N, #105

City-St-Zip: ST. PETERSBURG BEACH, FL 33706 US City-St-Zip: ST. PETERSBURG, FL 33709 US

Title: VP () Delete Title: () Change () Addition

 Name:
 ALLONCIUS, EDWARD F
 Name:

 Address:
 2740 40TH STREET N
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33703 US
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 MCDANIEL, FOREST
 Name:

 Address:
 643 CEDARWOOD ST. N.
 Address:

 City-St-Zip:
 ST. PETERSBURG, FL 33703 US
 City-St-Zip:

Title: A/P () Delete Title: () Change () Addition

 Name:
 ANDERSON, WAYNE C
 Name:

 Address:
 223 ISLAND WAY, APT. 708
 Address:

 City-St-Zip:
 CLEARWATER BEACH, FL 33767
 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: JOSEPH KELLY P 03/12/2008