


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-07-2005 90077 040 \*\*\*\*\*70.00  
N04000002252

FILED

05 OCT -7 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000002252</b>					
1. Entity Name <b>AMERICAN LEGION POST 232 INC</b>					
Principal Place of Business 22200 S E 57TH AVE HAWTHORNE, FL 32640			Mailing Address P O BOX 1956 HAWTHORNE, FL 32640		
2. Principal Place of Business <i>SAME AS ABOVE</i>			3. Mailing Address <i>SAME AS ABOVE</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>30-10220218</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SOHL, WILLIAM L <i>SOHL</i> 127 LUCKY LN HAWTHORNE, FL 32640-1956			Name: <i>SAMUAS #6</i> Street Address (P.O. Box Number is Not Acceptable)  City: <b>FL</b> 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: <i>William L. Sohl</i> <b>WILLIAM L. SOHL</b> <i>15 JUNE 05</i> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	C MACHELL, DWAYNE 111 LUCKY LN HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM L. SOHL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1956 HAWTHORNE, FL 32640-1956		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALBERTSON, JAMES 517 N E 9TH ST LOT 143 OCALA, FL 34470 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	JACK MUTCHLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 790 INTERLACHEN, FL 32189		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O SOHL, WILLIAM L P O BOX 1956 HAWTHORNE, FL 32640 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HERRIOTT, MARK S 263 LITTLE ORANGE LAKE DR HAWTHORNE, FL 32640 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	LUKE R. DUNCAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 BELLAMY WOODS DRIVE HAWTHORNE, FL 32640		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C RICE, JACK 1362 S E C R 21-B MELROSE, FL 32666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>8/10/07</i>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>William L. Sohl</i> <b>WILLIAM L. SOHL</b> <i>15 JUNE 05</i> (352) 481-5141 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					