

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002252

FILED  
Jun 24, 2006  
Secretary of State

Entity Name: AMERICAN LEGION POST 232 INC

## Current Principal Place of Business:

22200 S E 57TH AVE  
HAWTHORNE, FL 32640

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1956  
HAWTHORNE, FL 32640

## New Mailing Address:

FEI Number: 30-1022021      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

SOHL, WILLIAM L  
127 LUCKY LN  
HAWTHORNE, FL 326401956 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: C ( ) Delete  
Name: SOHL, WILLIAM  
Address: P.O. BOX 1956  
City-St-Zip: HAWTHORNE, FL 326401956

Title: D ( ) Delete  
Name: MUTCHLER, JACK  
Address: P.O. BOX 790  
City-St-Zip: INTERLACHEN, FL 32189

Title: D ( ) Delete  
Name: DUNCAN, LUKE R  
Address: 105 BELLAMY WOODS DRIVE  
City-St-Zip: HAWTHORNE, FL 32640

Title: C (X) Delete  
Name: RICE, JACK  
Address: 1362 S E C R 21-B  
City-St-Zip: MELROSE, FL 32666

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CMDR (X) Change ( ) Addition  
Name: SOHL, WILLIAM L  
Address: P.O. BOX 1956  
City-St-Zip: HAWTHORNE, FL 326401956

Title: ADJ (X) Change ( ) Addition  
Name: MUTCHLER, JACK  
Address: P.O. BOX 790  
City-St-Zip: INTERLACHEN, FL 32189

Title: TREA (X) Change ( ) Addition  
Name: RICE, JACK  
Address: 1362 S.E. C.R. 21B  
City-St-Zip: MELROSE, FL 32666

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L. SOHL

CMDR

06/24/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date