

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002252

FILED
Mar 09, 2008
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 ()

Name and Address of Current Registered Agent:

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

Title: ADJ () Delete
Name: TRULUCK, RICHARD A
Address: 215 ASHLEY STREET
City-St-Zip: HAWTHORNE, FL 32640

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: WILLIAM L. SOHL

CMDR

03/09/2008

Electronic Signature of Signing Officer or Director

Date