## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002475

Mar 15, 2010 Secretary of State

Entity Name: THE CHARLES F. HAMBLEN POST 37 AMERICAN LEGION DEPARTMENT OF FLORIDA, INC.

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

ONE ANDERSON CIRCLE ST. AUGUSTINE, FL 32084

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 2204

ST. AUGUSTINE, FL 32085

FEI Number: 59-1102200 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:

GAMEL, JEFF ONE ANDERSON CIRCLE ST. AUGUSTINE, FL 32084 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: Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

GULLETTE, JOE CMDR Name: Address: ONE ANDERSON CIRCLE City-St-Zip: ST. AUGUSTINE, FL 32084

Title:

Name: RAYMOND, BLACKABY EXE COM Address: ONE ANDERSON CIRCLE City-St-Zip: ST. AUGUSTINE, FL 32084

Title:

STANTON, ED EXE COM Name: Address: ONE ANDERSON CIRCLE City-St-Zip: ST. AUGUSTINE, FL 32084

Title:

Name: MEGGITT, BEN EXE COM Address: ONE ANDERSON CIRCLE City-St-Zip: ST. AUGUSTINE, FL 32084

Title:

HUMMEL, FRANKIE EXE COM Name: ONE ANDERSON CIRCLE Address: ST. AUGUSTINE, FL 32084 City-St-Zip:

Title:

CHARLES, MC HONE EXE COM Name: Address: ONE ANDERSON CIRCLE ST. AUGUSTINE, FL 329084 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JEFFERY A GAMEL MR 03/15/2010