2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2009
Secretary of State

DOCUMENT# N04000010849

Entity Name: NAVARRE AMERICAN LEGION POST #0382 INC.

Current Principal Place of Business:

1850 LUNETA ST.
NAVARRE, FL 32566

New Principal Place of Business:

Current Mailing Address:

1850 LUNETA ST.
NAVARRE, FL 32566

New Mailing Address:

FEI Number: 90-0130668 **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:

FERRIS, STEPHEN J
9895 MARY ANNE DRIVE
NAVARRE, FL 32566 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:	DT	( ) Delete
Name:	MOZESKY, ROBERT	
Address:	6816 TIDEWATER DRIVE	
City-St-Zip:	NAVARRE, FL 32566	
Title:	DP	( ) Delete
Name:	FERRIS, STEPHEN J	
Address:	9895 MARY ANNE DRIVE	
City-St-Zip:	NAVARRE, FL 32566	
Title:	DT	( ) Delete
Name:	MORTON, CHRIS	
Address:	2142 PRESIDEO	
City-St-Zip:	NAVARRE, FL 32566	
Title:	DV	( ) Delete
Name:	GSCHWIND, JAMES	
Address:	5409 LARAMIE LN	
City-St-Zip:	GULF BREEZE, FL 32563	
Title:	SD	( ) Delete
Name:	SCHANK, SUZANNE	
Address:	1009 QUAIL HOLLOW DRIVE	
City-St-Zip:	MARY ESTHER, FL 32569	
Title:	DV	(X) Delete
Name:	DECKER, SOLOMON S	
Address:	4333 LISA COURT	
City-St-Zip:	GULF BREEZE, FL 32563	

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:	
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: CHRIS MORTON DT 05/02/2009

Electronic Signature of Signing Officer or Director — Date