

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N04000010890

Entity Name: AMERICAN LEGION ANMCGAF POST 383, INC

Current Principal Place of Business:

1297 NE 82ND AVENUE
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 220
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 56-2438102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STREET, EUGENE F
153 NE 300TH STREET
OLD TOWN, FL 32680 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: P () Delete
Name: COFFEY, CLENNIA L
Address: P.O.BOX 431
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: STACEY, HIROM M
Address: P.O.BOX 543
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: STREET, EUGENE F
Address: P.O.BOX 1748
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: PRATER, JERRY
Address: P.O.BOX 1560
City-St-Zip: CROSS CITY, FL 32628

Title: FV () Delete
Name: LAMBERT, CHARLES E
Address: 587 NE 82ND AVENUE
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: ROCHE, EDWARD W
Address: 174 NE 500TH STREET
City-St-Zip: OLD TOWN, FL 32680

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 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 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: EUGENE F. STREET

V

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date