


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90219 037 \*\*\*\*61.25

**DOCUMENT # N04000010890**  
 1. Entity Name  
**AMERICAN LEGION ANMCGAF POST 383, INC**



Principal Place of Business Mailing Address  
 1297 NE 82ND AVENUE P.O. BOX 220  
 OLD TOWN FL 32680 OLD TOWN FL 32680

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **56-2438102** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



1st MOORE CR2E037 (10/05)

**6. Name and Address of Current Registered Agent**  
 STREET, EUGENE F  
 153 NE 300TH STREET  
 OLD TOWN FL 32680

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	COFFEY, CLENNIA L	
STREET ADDRESS	P.O. BOX 431	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input type="checkbox"/> Delete
NAME	STACEY, HIROM M	
STREET ADDRESS	P.O. BOX 543	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input type="checkbox"/> Delete
NAME	STREET, EUGENE F	
STREET ADDRESS	P.O. BOX 1748	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input type="checkbox"/> Delete
NAME	PRATER, JERRY	
STREET ADDRESS	P.O. BOX 1560	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	FV	<input type="checkbox"/> Delete
NAME	LAMBERT, CHARLES E	
STREET ADDRESS	587 NE 82ND AVENUE	
CITY-ST-ZIP	OLD TOWN FL 32680	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ROCHE, EDWARD W	
STREET ADDRESS	174 NE 500TH STREET	
CITY-ST-ZIP	OLD TOWN FL 32680	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN W. JENKINS, JR	
STREET ADDRESS	7591 NW 140TH ST	
CITY-ST-ZIP	OLD TOWN, FL 32626	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eugene F. Street* (EUGENE F. Street, VP 4/24/06 352-542-2021)