

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2007  
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: JENKINS, JOHN W JR  
Address: 7591 NW 140TH ST  
City-St-Zip: CHIEFLAND, FL 32626

**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: FV      (X) Change ( ) Addition  
Name: SOMMER, PAUL G  
Address: 325 NE 278 AVE  
City-St-Zip: OLD TOWN, FL 32680

Title: V      (X) Change ( ) Addition  
Name: CHRISTIANS, CHRIS  
Address: 115 NE 112TH AVE  
City-St-Zip: OLD TOWN, FL 32680

I hereby certify that the information supplied with this filing does not qualify for the 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: EUGENE F STREET

V

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date