2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000010890 SECRETARY OF STATE OF CORRORATION. AMERICAN LEGION ANMCGAF POST 383, INC 08 AUG -6 AH 10: 55 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 08042008 Cha-NP CR2E037 (12/06) 4. FEI Number 56-2438102 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional IV 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARD WOOD CHRISTIANS, M. E. (P.O. Box Number is Not Acceptable) 115 NE 112 AVE GOTH OLD TOWN, FL 32680 Zip Code 3 Z 6 9 3 RENTON 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, the obligations of registered agent. Adsurant 08/12/08-01006-Lam familiar with, and accept ₩7**0.**00 5/08 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PRES PD IIILE Delete IIILE ☐ Addition DENNIS HARDIN CHRISTIANS, M.E. NAME NAME 8450 NW 120TH ST STREET ADDRESS 715 NE 112 AVE STREET ADDRESS CITY-ST-ZIP OLD TOWN, FL 32680 CITY ST-7IP HIEFLAND, FL 32626 VICE D An CONLIN **ZA** Change ■ Addition TITLE Detete ITTLE STACEY, HIROM M NAME John NAME POBOX 1747 STREET ADDRESS P.O.BOX 543 STREET ADDRESS TOWN, CITY-ST-71P OLD TOWN, FL 32680 CITY-ST-ZIP FL 32680 VICE **⊠** Delete Change ☐ Addition TILE TITLE DAVE DESBIN STREET, EUGENE F NAME NAME 319 NE 539th ST STREET ADDRESS STREET ADDRESS P.O.BOX 1748 CITY-ST-7/P TOWN, FL 32680 CITY-ST-ZIP OLD TOWN, FL 32680 BED VICE D DON CLAFLIN K Change ☐ Addition Delete TITLE TITLE F PRATER, JERRY NAME NAME 1208 NE 3944 AVE P O BOX 1560 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OLD TOWN, FL 32680 CITY-ST-ZIP CROSS CITY, FL 32628 FINANCE OFFICER-TEESDE Change PO BOX 543 Detete ME ☐ Addition TITLE JENSEN, NORMAN E NAME NAME 1276 NE 808 ST STREET ADDRESS STREET ADDRESS **OLD TOWN, FL 32680** CITY-ST-70P COY-ST-71P OLD TOWN, FL ADJUTANT SECY Change Delete MLE ☐ Addition TITLE WOOD RICHARD 6900 SE NAME NAME GOTH ST STREET ADDRESS STREET ADORESS CITY-ST-ZIP TRENTON FL 32680 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. TICHARD SIGNATURE: