

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010890

FILED  
Feb 25, 2009  
Secretary of State

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:**

CRAIG, RICHARD L  
4345 NE 349 HIGHWAY  
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: PD ( ) Delete  
Name: HARDIN, DENNIS  
Address: 8450 NW 120TH STREET  
City-St-Zip: CHIEFLAND, FL 32626

Title: 1VD ( ) Delete  
Name: CONLIN, JOHN  
Address: P.O.BOX 1742  
City-St-Zip: OLD TOWN, FL 32680

Title: D ( ) Delete  
Name: CRAGI, RICHARD  
Address: 4345 NE 349TH HWY  
City-St-Zip: OLDTOWN, FL 32680

Title: FO ( ) Delete  
Name: HUFFER, WAYNE  
Address: 8290 NW 172ND LANE  
City-St-Zip: FANNING SPRINGS, FL 32693

Title: D ( ) Delete  
Name: RUSS, SEYMOUR  
Address: 7990 NW 150TH STREET  
City-St-Zip: TRENTON, FL 32693

Title: 2VD ( ) Delete  
Name: PHILLIPS, DWIGHT  
Address: 811 NE 219TH AVE  
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: D (X) Change ( ) Addition  
Name: CRAIG, RICHARD  
Address: 4345 NE 349TH HWY  
City-St-Zip: OLDTOWN, FL 32680

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RUSS, SEYMOUR  
Address: 7990 NW 150TH STREET  
City-St-Zip: TRENTON, FL 32693

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: DENNIS HARDIN

PD

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date