


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90013 018 ****70.00

DOCUMENT # N05635 1. Entity Name EDEKER-DUBOSE POST 121, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA			
Principal Place of Business 3621 HIGHWAY 4 C/O WILLIAM C. POLK JAY FL 32565 US		Mailing Address P.O. BOX 67 C/O WILLIAM C. POLK JAY FL 32565 US	
2. Principal Place of Business 3621 HIGHWAY 4 Suite, Apt. #, etc. C/O WIELAND D. ATCHISON		3. Mailing Address P.O. BOX 67 Suite, Apt. #, etc. C/O WIELAND D. ATCHISON	
City & State JAY FL		City & State JAY FL	
Zip 32565		Country US	
4. FEI Number 59-6008849		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POLK, WILLIAM C. 4949 DOBSON ROAD JAY FL 32565		7. Name and Address of New Registered Agent Name: WIELAND D. ATCHISON Street Address (P.O. Box Number is Not Acceptable): 5975 LAST CHANCE RD City: MILTON FL Zip Code: 32570	
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: <u>Wieland D. Atchison</u> DATE: <u>3/30/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ATCHINSON, WEILAND 5975 LAST CHANCE RD MILTON FL 32570-9683	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMOND, JAMES F 3036 LEWIS RD MILTON FL 32570	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRICK, WILLIAM Z P.O. BOX 309 3894 HWY 4 JAY FL 32565	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GABBERT, E E PINE LEVEL CHURCH RD JAY FL 32565	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARE, ANTHONY 13104 HWY 197 JAY FL 32565	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D (Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Wieland D. Atchison DATE: 3/30/04 850 675 3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #