

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000006497**

1. Entity Name  
**NORMAN MCLEOD POST NO. 26, AMERICAN LEGION,  
INC.**



Principal Place of Business  
**2207 W. BAKER ST.  
PLANT CITY, FL 33564**

Mailing Address  
**P. O. BOX 26  
PLANT CITY, FL 33564**



01092007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-5597754**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**AYSCUE, VERNON  
905 KING STREET  
PLANT CITY, FL 33566**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FO MCGREGOR, ROBERT 8016 FRANKLIN RD. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COM MCGARY, ALVIN 1537 CHEPACKET BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOM GILL, TOM 1003 WHITEHURST RD LOT 93 PLANT CITY, FL 33563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOMBLE, JULIAN 3104 WALLACE BRANCH RD. PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	H STROHL, PAULINE HISTORI 3101 WIGGINS RD. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B CH CRAIGHEAD, LEE 3101 WIGGINS RD. PLANT CITY, FL 33565

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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.

**SIGNATURE:** JULIAN WOMBLE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07

Date

813 928 0241 CELL  
813-754-2731 Home

Daytime Phone #