

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006497

FILED
Jan 08, 2008
Secretary of State

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

Current Principal Place of Business:

2207 W. BAKER ST.
PLANT CITY, FL 33564

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 26
PLANT CITY, FL 33564

New Mailing Address:

FEI Number: 20-5597754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

AYSCUE, VERNON
905 KING STREET
PLANT CITY, FL 33566 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: FO () Delete
Name: MCGREGOR, ROBERT
Address: 8016 FRANKLIN RD.
City-St-Zip: PLANT CITY, FL 33565

Title: COM () Delete
Name: MCGARY, ALVIN
Address: 1537 CHEPACKET
City-St-Zip: BRANDON, FL 33511

Title: VCOM () Delete
Name: GILL, TOM
Address: 1003 WHITEHURST RD LOT 93
City-St-Zip: PLANT CITY, FL 33563

Title: S () Delete
Name: WOMBLE, JULIAN
Address: 3104 WALLACE BRANCH RD.
City-St-Zip: PLANT CITY, FL 33565

Title: H () Delete
Name: STROHL, PAULINE HISTORI
Address: 3101 WIGGINS RD.
City-St-Zip: PLANT CITY, FL 33566

Title: B CH () Delete
Name: CRAIGHEAD, LEE
Address: 3101 WIGGINS RD.
City-St-Zip: PLANT CITY, FL 33565

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
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City-St-Zip:

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

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: ALVIN MCGARY

Electronic Signature of Signing Officer or Director

COM

01/08/2008

_____ Date