## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000006497

FILED Jan 13, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2207 W. BAKER ST PLANT CITY, FL 33564 **Current Mailing Address: New Mailing Address:** P. O. BOX 26 PLANT CITY, FL 33564 FEI Number: 20-5597754 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AYSCUE, VERNON ALVIN, MCGARY C 905 KING STREET 1537 CHEPACKET ST PLANT CITY, FL 33566 BRANDON, FL 33511 US US 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: ALVIN C. MCGARY 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MCGREGOR, ROBERT Name: Name: 8016 FRANKLIN RD. Address: Address: PLANT CITY, FL 33565 City-St-Zip: City-St-Zip: Title: COM () Delete Title: COM (X) Change ( ) Addition MCGARY, ALVIN Name: GILL, THOMAS Name: Address: 1537 CHEPACKET Address: 1003 WHITEHURST RD LOT 93 City-St-Zip: BRANDON, FL 33511 City-St-Zip: PLANT CITY, FL 33563 Title: VCOM (X) Delete Title: () Change () Addition GILL, TOM Name: Name: 1003 WHITEHURST RD LOT 93 Address: Address: City-St-Zip: PLANT CITY, FL 33563 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WOMBLE, JULIAN Name: Name: Address: 3104 WALLACE BRANCH RD. Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: Title: () Delete Title: () Change () Addition STROHL, PAULINE HISTORI Name: Name: 3101 WIGGINS RD. Address: Address: City-St-Zip: PLANT CITY, FL 33566 City-St-Zip: Title: B CH () Delete Title: () Change () Addition CRAIGHEAD, LEE Name: Name: Address: 3101 WIGGINS RD Address: PLANT CITY, FL 33565 City-St-Zip: 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: THOMAS GILL COMM 01/13/2009