2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2007 8:00 am Secretary of State

08-02-2007 90013 040 ****61.25

| DOCUMENT # N0600007690 1. Entity Name AMERICAN LEGION POST 367, INC | | | | | 08-02-2007 9001 | 13 040 ****6 | 51.25 |
|---|---|--|---------------------------------------|--|------------------------|----------------------------|-------------------------|
| Principal Place of Business 151 CIVIC CENTER WAY ROYAL PALM BEACH, FL 33411 | | Mailing Address P.O. BOX 210875 ROYAL PALM BEACH, FL 33421 | | | 127961 | | |
| Principal Place of Business - No P.O. Box # 3. M | | Mailing Address | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 07112007 CF | ng-NP CR2 | E037 (12/06) | |
| City & State | | City & State | | 35-014 | 4 250 | | plied For Applicable |
| Zip | Country | Zip | Country | 5. Certificate of St | atus Desired | \$8.75 Add Fee Required | |
| | 6. Name and Address of Current R | egistered Agent | | 7. Name and Add | ress of New Register | ed Agent | |
| SOULE, KEN 16701 WEST CALDER DRIVE LOXAHATCHEE, FLORIDA, FL 33470 | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | |
| LOXANAT | OREE, FLORIDA, FL 33470 | | City | | | Zip Code | |
| | named entity subsets this statement for ions of entitlered agent. Signatur, typed or printed name of registered agent an | | | egistered agent, or both, in | July DA | | |
| Di | Filing Fee is \$61.25 ue by September 14, 2007 | 9. Election Campa Trust Fund Con | | | | | |
| 10. | OFFICERS AND DIRE | CTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS AND | DIRECTORS IN | 10 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SOULE, KENNETH P.O. BOX 210875 ROYAL PALM BEACH, FL 33421 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRIEND, ROD RO. Box 2109 Royal Palm | ert 175 Bexu. Fl | 33421 | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FRIEND, ROBERT P.O. BOX 210875 ROYAL PALM BEACH, FL 33421 | ☐ Delete | TITLE NAME STREET ADDRESS | 900LE.KEUN P.U. GOY 210 ROYAL PALM | KTH | 33421 | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROSEN, ALLEN P.O. BOX 210875 ROYAL PALM BEACH, FL 33421 | ⊠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODRIGNEZ-RIVERA, ANGLE P.O. BOX 210875 ROYAL PALM BEACH, FL 33421 | ∑ X Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |

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 truetee 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 if ha address, with all other like empowered.

SIGNATURE: 5

EIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER DR DIRECTOR DE DE DESIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER DR DIRECTOR