


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

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90005 041 ****61.25

DOCUMENT # N06802	
1. Entity Name	
W.C. COOPER, SR. POST #66 OF THE AMERICAN LEGION OF THE STATE OF FLORIDA, INCORPORATED	

Principal Place of Business	Mailing Address
C/O W.C. COOPER, JR 611 E 3RD COURT PANAMA CTY FL 32401	C/O W.C. COOPER, JR 611 E 3RD COURT PANAMA CTY FL 32401

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number	Applied For
59-6200608	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
COOPER JR, W.C. 611 E 3RD COURT PANAMA CTY FL 32401

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	C <input type="checkbox"/> Delete
NAME	JOHNSON, ROBERT
STREET ADDRESS	4448 ADA DR
CITY-ST-ZIP	CHIPLEY FL 32428
TITLE	D <input type="checkbox"/> Delete
NAME	TURNER, ROBERT
STREET ADDRESS	6148 HWY 77
CITY-ST-ZIP	CHIPLEY FL 32428
TITLE	DT <input type="checkbox"/> Delete
NAME	COOPER, W.C., JR.
STREET ADDRESS	611 E. 3RD CT.
CITY-ST-ZIP	PANAMA CITY FL
TITLE	D <input type="checkbox"/> Delete
NAME	HENDLEY, E. E.
STREET ADDRESS	1107 CLAY AVENUE
CITY-ST-ZIP	PANAMA CITY FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: W.C. Cooper, Jr. **1-19-04** **850-763-2744**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #