

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90042 010 ****61.25

DOCUMENT # N07000005481					
1. Entity Name AMERICAN LEGION AUXILIARY MARSHALL LABREE UNIT 304 INC					
Principal Place of Business 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004 US			Mailing Address 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number x 26-1515377	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BACKES, MARGARET A 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004			7. Name and Address of New Registered Agent Name <u>JOANN PACE</u> Street Address (P.O. Box Number is Not Acceptable) <u>41 NE AMERICAN LEGION COURT</u> City <u>DANIA BEACH</u> FL <u>33004</u>		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACKES, MARGARET A 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOANN PACE 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARAWAY, BRENDA 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KELLEY, TERRY 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA PLUNKETT, VIRGINIA 41 NE AMERICAN LEGION COURT DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <u>Joann Pace</u> <u>JOANN PACE</u>			Date <u>1/24/08</u> Daytime Phone # <u>954-649-7612</u>		