2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009126

FILED Apr 30, 2008 Secretary of State

Entity Name: AMERICAN LEGION RIDERS ELORIDA CHAPTER 54 INC

Current Principal Place of Business:		New Principal Place of Business:		
	N LEGION PO	ST 54		
	H STREET DINA BEACH, I	FI 32034		
current Mailing Address:		New Mailing Address:		
MERICA	N LEGION PO	ST 54		
	H STREET DINA BEACH, I	FL 32034		
	: 14-2006811	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:	
6022 STO ULEE, FI he above	e named entity	}	e purpose of changing its registere	ed office or registered agent, or both,
6022 STO ULEE, FI he above the State	ONEY GLEN C L 32097 US e named entity e of Florida. RE:	submits this statement for th		ed office or registered agent, or both,
6022 STC ULEE, FI The above the State SIGNATU	ONEY GLEN C L 32097 US e named entity e of Florida. RE:	submits this statement for th	Agent	ed office or registered agent, or both, Date ES TO OFFICERS AND DIRECTOR
6022 STC ULEE, FI he above i the State IGNATUI PFFICER tte:	ONEY GLEN C L 32097 US e named entity e of Florida. RE: Electror S AND DIREC DIR. (submits this statement for the nic Signature of Registered ATORS:	Agent ADDITIONS/CHANG Title:	Date
6022 STOULEE, FI The above the State IGNATUI FFICER tle: ame:	e named entity e of Florida. RE: Electror S AND DIREC DIR. GORA, THOMA	submits this statement for the nic Signature of Registered ATORS: Delete S J	Agent ADDITIONS/CHANG Title: Name:	Date ES TO OFFICERS AND DIRECTOR
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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 J. GORA DIR 04/30/2008