2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 04, 2008 8:00 am DOCUMENT # N07000011979 **Secretary of State** 1. Entity Name 03-04-2008 90020 016 ****61.25 GLISSON JAMES POST NO. 59, INC. Principal Place of Business Mailing Address 1220 NE 127TH LANE BRANFORD FL 32008 PO BOX 1366 BRANFORD FL 32008 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 74-3113731 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 1220 NE 127TH LANE **BRANFORD FL 32008** 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or prisond name of registered argent and title Tamphorable. (NOTE: Registered Agent signature required when reinstating) · Mariana i de cara la desperanción de la desperanc FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$50 \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TOTAL Delete TITLE Addition 2 SMITH, WILLIAM B SMITH, WILLIAM B NAME NAME 1220 NE 127 LANE STREET ADDRESS 1220 NE 127TH LANE STREET ADDRESS BRANGORD FL 32008 BRANFORD FL 32008 CITY - ST - ZIP CITY-ST-ZIP D TITLE ☐ Delate TITLE Change **2** Addition DANIEL CHARLES W DANIEL, CHARLES W NAME NAME 503 NE CARTER AVE 1220 NE 127TH LANE STREET ADDRESS STREET ADDRESS BRANFORD FL 32008 BRAUFORD FL 32008 CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 2 HAXCONE, WICKEL NAME MANGÚNE: MICHAEL V NAME 11019 NW 5Th Ave 11019 NW 5TH AVE STREET ADDRESS STREET 400RESS BRANFORD FL 32008 BLANFORD FL 32008 CITY-ST-ZIP CITY-ST-7/P THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change THE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WWW. SIRVER WILLIAM B. SM 17H Z/24/08 386-935-0512

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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