


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90015 044 ****61.25

DOCUMENT # N07859	
1. Entity Name THE AMERICAN LEGION, POST 318 PORT ST LUCIE FLORIDA, INC.	

Principal Place of Business 8543 SOUTH FEDERAL HWY. SAVANNAH PARK PLAZA PORT ST. LUCIE FL 34952 US	Mailing Address P.O. BOX 8031 PORT ST. LUCIE FL 34985-8031 US
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2. Principal Place of Business	3. Mailing Address 8543 So. US 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State PORT ST LUCIE FL	City & State PORT ST LUCIE FL
Zip 34952	Country US

4. FEI Number 59-6200686	Applied For <input type="checkbox"/> Not Applicable
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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 NEWMAN, DANIEL B 116 E. ALOEA ST PORT SAINT LUCIE FL 34952	7. Name and Address of New Registered Agent Name: NEWMAN DANIEL B Street Address (P.O. Box Number is Not Acceptable): 116 E. ALOEA ST P.S.L. City: FL Zip Code: 34952
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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: Daniel B Newman DANIEL B NEWMAN
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	NAME BOWIE, DARYL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 202 SE CROSS POINT	CITY-ST-ZIP PORT SAINT LUCIE FL 34983	NAME	
TITLE T	NAME SCHMITT, GARY <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS 29 HUARTE WAY	CITY-ST-ZIP PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	
TITLE S	NAME HORAN, BILL <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS 8 GALLERIN WAY	CITY-ST-ZIP PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	
TITLE D	NAME BOWIE, DARYL <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS 202 SE CROSSPOINT	CITY-ST-ZIP PORT SAINT LUCIE FL 34983	CITY-ST-ZIP	
TITLE D	NAME PLANGERMAN, RALPH <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS 151 NE BROADVIEW ST	CITY-ST-ZIP PORT SAINT LUCIE FL 34983	CITY-ST-ZIP	
TITLE D	NAME BOOTH, BOB <input type="checkbox"/> Delete	STREET ADDRESS	
STREET ADDRESS 2400 SE MIDPORT RD.	CITY-ST-ZIP PORT SAINT LUCIE FL 34952	CITY-ST-ZIP	
		TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		NAME DANIEL B NEWMAN	
		STREET ADDRESS 116 E. ALOEA ST	
		CITY-ST-ZIP PORT ST. LUCIE FL. 34952	
		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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Daniel B Newman DANIEL B NEWMAN 11 MAR 06 772-878-0655