

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07859

FILED
Jan 25, 2008
Secretary of State

Entity Name: THE AMERICAN LEGION, POST 318 PORT ST LUCIE FLORIDA, INC.

Current Principal Place of Business:

8543 SOUTH FEDERAL HWY.
SAVANNAH PARK PLAZA
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

8543 SOUTH US 1
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

8543 SOUTH FEDERAL HWY.
SAVANNAH PARK PLAZA
PORT ST. LUCIE, FL 34952 US

FEI Number: 59-6200686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, DANIEL B
116 EAST ALDEA ST
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWIE, DARYL
Address: 202 SE CROSS POINT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: SCHMITT, GARY
Address: 29 HUARTE WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: HORAN, BILL
Address: 8 GALLERIN WAY
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: BOWIE, DARYL
Address: 202 SE CROSSPOINT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T () Delete
Name: NEWMAN, DANIEL B
Address: 116 EAST ALDEA ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: BOOTH, BOB
Address: 2400 SE MIDPORT RD.
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FRANK, HOWARD
Address: 2170 SW BISTA RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BURK, JIM
Address: 610 SW. COLLEGE PARK RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FRANK HOWARD

P

01/25/2008

Electronic Signature of Signing Officer or Director

Date