2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07878

FILED Jan 24, 2008 Secretary of State

Entity Name: JONES-LANGFORD-WHITE, POST #56 AMERICAN LEGION, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
715 EDWA STARKE, F	RDS ROAD L 32091	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
715 EDWARDS ROAD P.O. BOX 1215 STARKE, FL 32091 US					
FEI Number:	59-6200725	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Addre	ss of New Registered Agent:	
GISSY, JOS 1412 DEBR STARKE, F		US			
The above in the State		submits this statement for the pu	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (WILLIAMS, H P. O. BOX 15 HAMPTON, F	3	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD C DAMPIER, W 5292 SE SR- STARKE, FL	100	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD (MCRAE, MIC P. O. BOX 24 GRAHAM, FL	6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS (GISSY, JOSE 1412 DEBRA STARKE, FL	ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (NIX, BILLY D 810 LAFAYE' STARKE,, FL	ITRE ST.,	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: JOSEPH A. GISSY TS 01/24/2008