

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07878

FILED
Apr 21, 2009
Secretary of State

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

Current Principal Place of Business:

715 EDWARDS ROAD
STARKE, FL 32091 US

New Principal Place of Business:

Current Mailing Address:

715 EDWARDS ROAD
P.O. BOX 1215
STARKE, FL 32091 US

New Mailing Address:

FEI Number: 59-6200725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GISSY, JOSEPH A TS
1412 DEBRA ST
STARKE, FL 32091 US

Name and Address of New Registered Agent:

STICKEL, WILLIAM T TS
9573 SE SR100
STARKE, FL 32091 US

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: WILLIAM T STICKEL

04/21/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, HENRY A PD
Address: P. O. BOX 153
City-St-Zip: HAMPTON, FL 32044 US

Title: VD () Delete
Name: DAMPIER, WILLIAM E VD
Address: 5292 SE SR-100
City-St-Zip: STARKE, FL 32091 US

Title: SD () Delete
Name: MCRAE, MICHAEL J SD
Address: P. O. BOX 246
City-St-Zip: GRAHAM, FL 32042 US

Title: TS () Delete
Name: GISSY, JOSEPH A TS
Address: 1412 DEBRA ST
City-St-Zip: STARKE, FL 32091 US

Title: D () Delete
Name: NIX, BILLY D
Address: 810 LAFAYETTE ST.,
City-St-Zip: STARKE, FL 32091 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: MILLER, ROY F SD
Address: 7239 NW CR229
City-St-Zip: STARKE, FL 32091 US

Title: TS (X) Change () Addition
Name: STICKEL, WILLIAM T TS
Address: 9573 SE SR100
City-St-Zip: STARKE, FL 32091 US

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: WILLIAM T STICKEL

TS

04/21/2009

Electronic Signature of Signing Officer or Director

Date