2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jul 25, 2005 8:00 am Secretary of State DOCUMENT #-N07881 1. Entity Name 7-25-2005 90100 049 ****61.25 AMERICAN LEGION POST 330 MID-FLORIDA LAKES, Principal Place of Business Mailing Address 212 FOREST DR 212 FOREST DR LEESBURG FL 34788-2688 LEESBURG FL 34788-2688 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-2369720 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Williams HAMANN, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1706 ORKNEY DRIVE LEESBURG FL 34788 EBShun 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 (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE Delete TITLE Change Addition HAMANN, CHALRES NAME NAME LICK, William 1706 ORKNEY DRIVE STREET ADDRESS STREET ADDRESS 44 ADE-JEES CR. LEESBURG FL 34788 CITY-ST-ZIP CHY-ST-7IP LEES burg F1.34788 TITLE □ Defete TITLE Change ☐ Addition COSGROVE, SAMUEL D NAME NAME 1712 ORKNEY DR STREET ADDRESS STREET ADDRESS LEESBURG EL 34788 CITY-ST-ZIP पान-जन्म TITLE ☐ Delete TITLE ☐ Change ☐ Addition WHITE, RICHARD A NAME NAME 104 WOODLAND DR STREET ADDRESS STREET ADDRESS City-ST-ZiP LEESBURG FL 34788 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition ALLEN, DALE NAME NAME 123 MILLWOOD RD STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CHY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition Change LEE, JAMES NAME NAME 920 DUNDEE CIR STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY ST-7IP CITY-ST-ZIP HILE ☐ Defete TITLE ☐ Change ☐ Addition BALZARINI, RICHARD NAME NAME 116 LAKEVIEW DR STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED