

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07881

FILED
Jan 16, 2009
Secretary of State

Entity Name: AMERICAN LEGION POST 330 MID-FLORIDA LAKES, INC.

Current Principal Place of Business:

212 FOREST DR
15
LEESBURG, FL 347882688 US

New Principal Place of Business:

Current Mailing Address:

212 FOREST DR
15
LEESBURG, FL 347882688 US

New Mailing Address:

FEI Number: 59-2369720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, DALE E
123 MILLWOOD RD
LEESBURG, FL 34788 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: D () Delete
Name: KIPP, SR, DARL
Address: 33 BAYBERRY LN
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: COSGROVE, SAMUEL D
Address: 1712 ORKNEY DR
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: WHITE, RICHARD A
Address: 104 WOODLAND DR
City-St-Zip: LEESBURG, FL 34788

Title: C () Delete
Name: ALLEN, DALE
Address: 123 MILLWOOD RD
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: LEE, JAMES
Address: 920 DUNDEE CIR
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: BALZARINI, RICHARD
Address: 116 LAKEVIEW DR
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: S.D.COSGROVE

ADJ.

01/16/2009

Electronic Signature of Signing Officer or Director

Date