2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007
Secretary of State

DOCUMENT# N07911

Entity Name: GEORGE P. HINTON AMERICAN LEGION POST 177 INCORPORATED

Current Principal Place of Business:

420 S. BURNETT RD.
COCOA, FL 32923 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2155
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 15-0403593 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CONEY, JAMES A
440 OXFORD AVE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

CONEY, JAMES A
440 OXFORD AVE
MERRITT ISLAND, FL 32953 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: JACONEY 07/11/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CONEY, JAMES A.,
Address: 440 OXFORD AVENUE, P. O. BOX 541805 - N/A
City-St-Zip: MERRITT ISLAND, FL

Title: D ( ) Delete
Name: HAYNES, MACK
Address: 216 MARTIN AVE.
City-St-Zip: COCOA, FL

Title: D ( ) Delete
Name: WILLIAMS, HUGH
Address: P O BOX 2012
City-St-Zip: COCOA, FL 32922

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CONEY, JAMES A.,
Address: 440 OXFORD AVENUE, P. O. BOX 541805 - N/A
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D (X) Change ( ) Addition
Name: HAYNES, MACK
Address: 216 MARTIN AVE.
City-St-Zip: COCOA, FL 32922

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

Title: D ( ) Change (X) Addition
Name: BROWN, RALPH
Address: 1213 ROSA L JONES DR
City-St-Zip: ROCKLEDGE, FL 32955

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: JACONEY D 07/11/2007
Electronic Signature of Signing Officer or Director Date