

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003037

FILED
Jan 14, 2009
Secretary of State

Entity Name: AMERICAN LEGION BRUCKENTHAL-CANN MEMORIAL POST 385, INC.

Current Principal Place of Business:

2900 SW 155TH LANE
DAVIE, FL 33331

New Principal Place of Business:

2133 NW 208 TERRACE
PEMBROKE PINES, FL 330292320

Current Mailing Address:

PO BOX 266708
WESTON, FL 333266708

New Mailing Address:

FEI Number: 51-0551114 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOFIELD, ROY
2900 SW 155TH LANE
DAVIE, FL 33331 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: COMM () Delete
Name: SCHOFIELD, ROY
Address: 2900 SW 155TH LANE
City-St-Zip: DAVIE, FL 33331

Title: VCOM () Delete
Name: MORA, JOSEPH
Address: 19239 NW 22ND STREET
City-St-Zip: PEMBROKE PINES, FL 33027

Title: VCOM () Delete
Name: MCDONALD, DAVID
Address: 620 LAUREL LANE WEST
City-St-Zip: PEMBROKE PINES, FL 33027

Title: T () Delete
Name: MOTES, JOSEPH
Address: 2133 NW 208TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COMM (X) Change () Addition
Name: SCHOFIELD, ROY
Address: 2900 SW 155TH LANE
City-St-Zip: DAVIE, FL 333311516

Title: VCOM (X) Change () Addition
Name: DARBY, ALBERTO
Address: 500 SW 130 TERRACE APT 112
City-St-Zip: PEMBROKE PINES, FL 330277134

Title: VCOM (X) Change () Addition
Name: MORA, JOSEPH
Address: 19239 NW 22 ST
City-St-Zip: PEMBROKE PINES, FL 330294607

Title: ADJ (X) Change () Addition
Name: MOTES, JOSEPH
Address: 2133 NW 208TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 330292320

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 MOTES

ADJ

01/14/2009

Electronic Signature of Signing Officer or Director

Date