

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002067

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** THE AMERICAN LEGION HERBERT SURBER POST NO. 225, INC.

**Current Principal Place of Business:**

8356 EAST ORANGE AVENUE  
FLORAL CITY, FL 34436

**New Principal Place of Business:**

10131 SOUTH PALOMINO TRAIL  
FLORAL CITY, FL 34436

**Current Mailing Address:**

P. O. BOX 456  
FLORAL CITY, FL 34436

**New Mailing Address:**

**FEI Number:** 27-0927732

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HUNT, RICHARD R  
10131 SOUTH PALOMINO TRAIL  
FLORAL CITY, FL 34436 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: DP  
Name: GALLAGHER, TOM  
Address: 10610 EAST GOBBLER DRIVE  
City-St-Zip: FLORAL CITY, FL 34436

Title: DS  
Name: HUNT, RICHARD R  
Address: 10131 SOUTH PALOMINO TRAIL  
City-St-Zip: FLORAL CITY, FL 34436

Title: DT  
Name: MASS, RICHARD  
Address: 11641 EAST SALMON DRIVE  
City-St-Zip: FLORAL CITY, FL 34436

Title: D  
Name: DANIELS, FREDERICK A  
Address: 10155 EAST DOLLAROSA COURT  
City-St-Zip: FLORAL CITY, FL 34436

I hereby 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 all other like empowered.

SIGNATURE: RICHARD R HUNT

DS

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date