

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008842

FILED
Mar 02, 2011
Secretary of State

Entity Name: PAUL W. AIREY AMERICAN LEGION POST 392 INC.

Current Principal Place of Business:

AMERICAN LEGION POST 392
320 WEST 5TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

AMERICAN LEGION POST 392
P.O. BOX 266
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 27-0930552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRCHOFF, MIKE
205 EAST 2ND PLACE
PANAMA CITY, FL 32401 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: C
Name: KIRCHOFF, MIKE
Address: 203 EAST 2ND PLACE
City-St-Zip: PANAMA CITY, FL 32401

Title: DC
Name: STRAINING, RAYMOND D
Address: 135 SANDOLLAR DR
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: V
Name: DAVIS, DANNY
Address: 601 WILLIAMS AVE
City-St-Zip: PANAMA CKTY, FL 32401

Title: V
Name: FLASKY, JASON
Address: 4914 MEADOW STREET
City-St-Zip: PANAMA CITY, FL 32404

Title: S
Name: VOLPI, JOE
Address: 750 SARA LANE
City-St-Zip: PANAMA CITY, FL 32404

Title: D
Name: SHIEK, LES
Address: 4612 CARLA LANE
City-St-Zip: PANAMA CITY, FL 32405

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: RAYMOND D STRAINING

MR

03/02/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date