

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

03-04-2004 90012 033 ****61.25

DOCUMENT # N09634

1. Entity Name

WEST HOLLYWOOD LEGION HOME CORPORATION



Principal Place of Business

17440 NW 38 AVENUE
1
OKEECHOBEE FL 34972
US

Mailing Address

P.O. BOX 6005
HOLLYWOOD FL 33081
US

66419115



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6200349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIRGIL, CAROLYN
17440 N.W. 38 AVENUE
OKEECHOBEE FL 34972

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
VIRGIL, CAROLYN
17440 NW 38TH AVE
OKEECHOBEE FL 34972 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DV
HULING, GEORGE
12840 VISTA ISLE DR. APT 628
SUNRISE FL 33325-1338 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S
HULING, MARTA G
12840 VISTA ISLE DR., APT. 628
SUNRISE FL 33325 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn M. Virgil CAROLYN M. VIRGIL

17/03/04 (954) 309-4409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #