


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90010 017 ****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		
2. Principal Place of Business 17005 N.W. 32ND AVE.		3. Mailing Address P.O. BOX 6005			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OKEECHOBEE, FL.		City & State HOLLYWOOD, FL.		4. FEI Number 59-6200349	
Zip 34972		Country OKEECHOBEE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34972		Country OKEECHOBEE		6. Name and Address of Current Registered Agent VIRGIL, CAROLYN 17440 N.W. 38 AVENUE OKEECHOBEE, FL 34972	
City OKEECHOBEE		State FL		7. Name and Address of New Registered Agent Name VIRGIL, CAROLYN M. Street Address (P.O. Box Number is Not Acceptable) 17005 N.W. 32ND AVE. City OKEECHOBEE	
State FL		Zip Code 34972		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 <u><i>Carolyn M. Virgil</i></u> CAROLYN M. VIRGIL - COMMANDER 02/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIRGIL, CAROLYN 17440 NW 38TH AVE OKEECHOBEE, FL 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VIRGIL, CAROLYN 17005 N.W. 32 ND AVE OKEECHOBEE, FL 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV YOUNG, ROBERT 720 NW 71ST AVE HOLLYWOOD, FL 33024		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. NOVAK, BRUCE 4262 S.W. 78 TH DR. DAVIE, FL. 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NEONER, BRUCE 4262 SW 78TH DR DAVIE, FL 33328		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, CHARLES 17440 N.W. 38 TH AVE OKEECHOBEE, FL. 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, CHARLES 17440 N.W. 38 TH AVE OKEECHOBEE, FL. 34972		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PERKINS, CHARLES 17440 N.W. 38 TH AVE OKEECHOBEE, FL. 34972	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Carolyn M. Virgil</i></u> CAROLYN M. VIRGIL - Commander 02/16/06 (954) 309-4409 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					