

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2008 8:00 am**  
**Secretary of State**

08-29-2008 90001 027 \*\*\*\*61.25

**DOCUMENT # N16546**

1. Entity Name

**NORMAN A. GARRETT, AMERICAN LEGION POST 78,  
INCORPORATED**



Principal Place of Business  
**6025 SPIKES WAY  
MILTON FL 32583-2827**

Mailing Address  
**6025 SPIKES WAY  
MILTON FL 32583-2827**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

**59-6150991**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GRIFFITH, THOMAS R SR  
6025 CHEYENNE DR  
MILTON FL 32570**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 3, 2008**

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 **C** ☐ Delete  
NAME **GRIFFITH, THOMAS R**  
STREET ADDRESS **6025 CHEYENNE DR**  
CITY-ST-ZIP **MILTON FL 32570-7910**

TITLE **D** ☐ Delete  
NAME **WEBB, HAROLD A**  
STREET ADDRESS **5528 WILLARD NORRIS RD**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **V** ☐ Delete  
NAME **EVERITT, JOHN**  
STREET ADDRESS **5231 PERSIMMON LT**  
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Delete  
NAME **MEREDITH, LUTHER**  
STREET ADDRESS **4729 CARLYN DR**  
CITY-ST-ZIP **PACE FL 32571**

TITLE **D** ☐ Delete  
NAME **BREWSTER, DAVID W**  
STREET ADDRESS **4283 CROSSWINDS DR**  
CITY-ST-ZIP **MILTON FL 32583**

TITLE **D** ☒ Delete  
NAME **ROGNSTAN, RAY**  
STREET ADDRESS **4770 RIBUALT LN**  
CITY-ST-ZIP **MILTON FL 32570**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☒ Addition  
NAME **GEORGE BREWER**  
STREET ADDRESS **5732 PECAN ST**  
CITY-ST-ZIP **MILTON, FL 32570**

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:

*Thomas R. Griffith*

8-26-2008 850-623-5055