2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State
04-11-2005 90189 019 ****61.25

DOCUMENT # N16930

1. Entity Name
THE AMERICAN LEGION HAROLD JOHNS POST 62, DEPARTMENT OF FLORIDA, INC.

Principal Place of Business	Mailing Address
319 STYPMANN BLVD. STUART, FL 34994-2238 US	319 STYPMANN BLVD. STUART, FL 34994-2238 US

500364 32

01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
2464 Veterans Ave	P.O. Box 2586
Suite, Apt. #, etc. Stuart gn	Suite, Apt. #, etc.
City & State Stuart. FL	City & State Palm City, FL
Zip 34994 Country USA	Zip 34991-2586 Country USA

4. FEI Number 59-2352040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MORRELL, JOHN
1549 SW NERVIA AVE
PORT SAINT LUCIE, FL 34953

7. Name and Address of New Registered Agent

Name Bruce Millette
Street Address (P.O. Box Number is Not Acceptable)
601 SW Estate Ave
City Port St. Lucie FL Zip Code 34953

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 _____ Bruce M. Millette 3-8-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOUSEWORTH, CHARLES 1102 E. MADISON AVE STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NOLAN, TERRY 1240 STARFISH LANE STUART, FL 34996	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MILLETTE, BRUCE 3295 SE GARDEN ST STUART, FL 34997	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RA/D 601 SW Estate Ave Port St. Lucie, FL 34953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RA MORRELL, JOHN 1549 SW NERVIA AVE PORT SAINT LUCIE, FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D John Halligan 5341 SE Celestial Circle Stuart, FL 34997	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JOSEPH 1722 SW WATERFALL BLVD. PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKEON, ED 4983 S.W. LAKE GROVE CIR. PALM CITY, FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ John Halligan 4/6/05 772-288-0618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #