

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 319 STYPMANN BLVD. STUART, FL 34994-2238 US	Mailing Address 319 STYPMANN BLVD. STUART, FL 34994-2238 US
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50036432



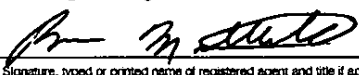
2. Principal Place of Business 2464 Veterans Ave Suite, Apt. #, etc. Stuart FL	3. Mailing Address P.O. Box 2586 Suite, Apt. #, etc. Stuart FL
City & State Stuart, FL	City & State Palm City, FL
Zip 34994	Country USA
Zip 34991-2586	Country USA

01112005 Chg-NP CR2E037 (10/03)

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
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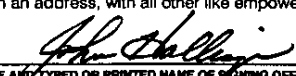
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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
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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 ☒ Change ☐ Addition 601 SW Estate Ave Port St. Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA ☒ Delete MORRELL, JOHN 1549 SW NERVIA AVE PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition John Halligan 5341 SE Celestial Circle Stuart, FL 34997
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 #