## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # N16930**

1. Entity Name

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



Principal Place of Business 2464 VETEDANS AVE

Mailing Address DIO ROY 2586

**FILED** Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90412 041 \*\*\*\*61.25

E0019034

STUART, FL 34994 US				PALM CITY, FL 34991-2586 US								300T	4004	
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2. Principal Place of Business			3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03292000	6 CI	hg-NP	CR2	E037 (11/05)			
City & State			City & State				4. FEI Nun 59-23		١٥	•		pplied For		
Zip Country			Zir	Zip Country				·					ot Applicable	
<u> </u>							5. Certificate of Status Desired S8.75 Additional Fee Required							
	6. Name	and Address of Current	t Registere	ed Agent		Name		7. Name a	nd Add	Iress of New	Register	red Agent		
MILLETTE, BRUCE 601 SW ESTATE AVE PORT SAINT LUCIE, FL 34953							Address (	dress (P.O. Box Number is Not Acceptable)						
		,												
						City						FL Zip Co	e	
		y submits this statement f	or the purp	ose of changing its re	egistere	ed office o	r register	ed agent, or	both, in	the State of	Florida. 1	am familiar with	, and accept	
ine obligat	ions of regist	ered agent.												
SIGNATURE														
	Signature, typed	or printed name of registered agen	nt and title if app	sicable. (NOTE: I	Registered	d Agent signal	ture required	when reinstating)			DA	JE .		
Filing Fee Is \$61.25 Due by May 1, 2006				Election Campaign Financing     Trust Fund Contribution.				\$5.00 May Be Added to Fees Make check payable to Florida Department of State						
	Due by N	lay 1, 2006		Trust Fund Co	muduu	OII.	ш	Added to Fe	es	j Fi	lorida De	partment of S	state	
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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:** 

John

Fixance Officer 4/12/06 772-288-0618