


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90052 041 ****70.00

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|--|--|---|--|---|--|
| DOCUMENT # N17167 1. Entity Name SULLIVAN-BABCOCK POST 32, INC. THE AMERICAN LEGION DEPARTMENT OF FLORIDA | | | |  | |
| Principal Place of Business P.O. BOX 110838 HIALEAH, FL 33011 | | | Mailing Address PO BOX 13-3598 HIALEAH, FL 33013-3598 | | |
| 2. Principal Place of Business - No P.O. Box # 5199 ADAMS ROAD | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State DELRAY BCH., FL | | City & State | | | |
| Zip 33484 | | Country U.S.A. | | Zip | |
| Country | | 4. FEI Number 59-0688816 | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent SHEETS, LARRY D 8950 NE 8TH AVE #204 MIAMI, FL 33138 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 | D PIPP, CHARLES 11201 SW 55 STREET LOT 58 HOLLYWOOD, FL 33025 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MCCARTIN, ROBERT O 5199 ADAMS ROAD DELRAY BEACH, FL 33484 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WOLF, CRAIG 6261 NW 40TH ST. VIRGINIA GARDENS, FL 33166 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CORSO, PHILIP P 631 E 62ND ST HIALEAH, FL 33013 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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: ROBERT O. MCCARTIN - Robert O. McCartin | | | | | |
| 2-7-08 954-647-9183 | | | | | |