2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 31, 2008 8:00 am Secretary of State

03-31-2008 90005 046 ****61.25

DOCUMENT # N18597

1. Entity Name THE ORLANDO MEMORIAL POST #19, INC. AMERICAN LEGION OF FLORIDA



Principal Place of Business Mailing Address 2101 LEE DOAD 2101 LEE DOAD

ORLANDO, FL 32810				ORLANDO, FL 32810			£	(3) 46 (4) (5)					
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2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailin	ng Address									
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				03192008	Chg-NP	CI	R2E037 (12/06)		
City & State			City	City & State				4. FEI Number 59-0522			├	applied For	
Zip Country			Zip	Zip		Country		5. Certificate		red [\$8.75 A	iditional	
	6. Name	and Address of Curre	ent Registered	Registered Agent			7. Name and Address of New Registered Agent						
						Name							
HEATH, JA 7747 MAR ORLANDO	IAH COUF				Street Address (P.O. Box Number is Not Acceptable)								
						City				 	1 75 - 0		
						City					FL Zip Co	de	
	named entity ions of registe	y submits this statemer ered agent.	nt for the purpos	se of changing its	registere	d office or	register	ed agent, or bot	h, in the State	of Florida	. I am familiar witi	n, and accept	
SIGNATURE .			 	* ** ***									
	Signature, typed	or printed name of registered a	gent and title if applic	zable. (NOTE	: Registered	Agent agnet	nue uechnuec	when renstating)			DATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Fi Trust Fund Contribution				\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.		OFFICERS AND	DIRECTORS		11.			POTTONO	L	CIOCDO A	NO OURCOTORO	11.40	
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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: A

NG OFFICER OR DIRECTOR

(403) 293-9515

William Croff-Finance Office