

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18597

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

2101 LEE ROAD
ORLANDO, FL 32810

New Principal Place of Business:

Current Mailing Address:

2101 LEE ROAD
ORLANDO, FL 32810

New Mailing Address:

FEI Number: 59-0522999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEATH, JANINE M
7747 MARIAH COURT
ORLANDO, FL US

Name and Address of New Registered Agent:

HEATH, JANINE M
2075 WENTHWORTH CR
APOPKA, FL 32703 US

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.

SIGNATURE:

01/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CM () Delete
Name: HEATH, JANINE M
Address: 2075 WENTHWORTH CR
City-St-Zip: APOPKA, FL 32703

Title: CD () Delete
Name: CORBETT, JOHN
Address: 1430 VALOR STREET
City-St-Zip: ORLANDO, FL 32810

Title: D () Delete
Name: CROFF, WILLIAM
Address: 875 TIMBERLAND TRL
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change () Addition
Name: HEROLD, CHRIS
Address: 2101 LEE ROAD
City-St-Zip: ORLANDO, FL 32810

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM CROFF

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date