

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19966

FILED
May 01, 2009
Secretary of State

Entity Name: AMERICAN LEGION POST #35, INC.

Current Principal Place of Business:

920 SO. HIGHLAND ST.
MT. DORA, FL 32757

New Principal Place of Business:

Current Mailing Address:

920 SO. HIGHLAND ST.
MT. DORA, FL 32757

New Mailing Address:

FEI Number: 59-6200639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ORENDER, ROBERT
2323 SANDRIDGE CIRCLE
EUSTIS, FL 32726 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: PENTECOST, CECIL E
Address: 19633 EUSTIS RD.
City-St-Zip: EUSTIS, FL 32736

Title: VP () Delete
Name: FABIAN, EDWARD M
Address: 1804 CAROLINA CT.
City-St-Zip: TAVARES, FL 32778

Title: P () Delete
Name: ORENDER, ROBERT
Address: 2323 SANDRIDGE CIRCLE
City-St-Zip: EUSTIS, FL 32726

Title: S () Delete
Name: MOULDEN, STEVE L
Address: 205 MORINGVIEW DR.
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ROBERT T ORENDER

COMM

05/01/2009

Electronic Signature of Signing Officer or Director

Date