



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90112 005 \*\*\*\*70.00

<b>DOCUMENT # N21121</b> 1. Entity Name <b>SOUTH MIAMI POST NO. 31, INC. THE AMERICAN LEGION DEPARTMENT OF FLORIDA</b>					
Principal Place of Business <b>7710 SW 59TH AVENUE SOUTH MIAMI, FL 33143</b>			Mailing Address <b>7710 SW 59TH AVENUE SOUTH MIAMI, FL 33143</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<div style="text-align: right;">  </div>					
<div style="display: flex; justify-content: space-between;"> <span>01082007</span> <span>Chg-NP</span> <span>CR2E037 (12/06)</span> </div>					
4. FEI Number <b>59-2412949</b>					Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>FRIAR, HUGH 1614 NW 8TH TERR HOMESTEAD, FL 33030</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <u><i>HUGH FRIAR</i></u> <u><i>Hugh Friar</i></u> <u><i>02-02-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>TRAVIS, JOHN P</b> <input checked="" type="checkbox"/> Delete <b>9371 SW 54TH ST.</b> <b>MIAMI, FL 33156523</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>MICHAEL D. FISHER</b> <b>4331 SW 132ND AVE</b> <b>MIAMI, FL 33175</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <input type="checkbox"/> Delete <b>ROBERT, MENDITTA</b> <b>3911 SW 62ND AVE.</b> <b>MIAMI, FL 33155</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MCVAY, STEWART</b> <b>8901 SW 82ND STREET</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: <u><i>STEWART MCVAY</i></u> <u><i>02/02/07</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

*305-271-9657*