


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N22318</b>	
1. Entity Name JOHNNY WRIGHT AMERICAN LEGION POST 181, INC.	

Principal Place of Business 4630 36TH AVENUE VERO BEACH, FL 32967	Mailing Address 4630 36TH AVENUE VERO BEACH, FL 32967
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FILED

04 APR 16 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**66415704**



02152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6200662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ANTHONY  
4159 57TH COURT  
VERO BEACH, FL 32967

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, AL W 4900 33RD AVE VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, RICAHRD 548 CARRIBEAN CIRCLE VERO BEACH, FL 32862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MITCHNER, HOMER 309.7TH CT., SW. VERO BEACH, FL 32962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, ANTHONY 4159 57TH COURT VERO BEACH, FL 32967
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  03-11-04 (772) 312-4143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #