

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22318

FILED
Feb 18, 2009
Secretary of State

Entity Name: JOHNNY WRIGHT AMERICAN LEGION POST 181, INC.

Current Principal Place of Business:

4630 36TH AVENUE
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

4630 36TH AVENUE
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 59-6200662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: PD () Delete
Name: MIMS, EDWARD W
Address: 1710 38TH PLACE
City-St-Zip: VERO BEACH, FL 32967

Title: VD () Delete
Name: MORGAN, RICAHRD
Address: 548 CARRIBEAN CIRCLE
City-St-Zip: VERO BEACH, FL 32862

Title: TD () Delete
Name: IDLETTE, ANTHONY D
Address: 516 22ND AVE
City-St-Zip: VERO BEACH, FL 32962

Title: SD () Delete
Name: BROWN, ANTHONY
Address: 4159 57TH COURT
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MORGAN, RICAHRD
Address: 548 CARRIBEAN CIRCLE
City-St-Zip: VERO BEACH, FL 32862

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: EDWARD W. MIMS

PD

02/18/2009

Electronic Signature of Signing Officer or Director

Date