

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N23174

1. Entity Name

WEEKI WACHEE AMERICAN LEGION POST NO. 208,
INC.



FILED
Jan 26, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

C/O MARY M. HINDS
4369 BLUEWATER AVENUE
SPRING HILL FL 34606

C/O MARY M. HINDS
4369 BLUEWATER AVENUE
SPRING HILL FL 34606



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2722554

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINDS, MARY M.
4369 BLUEWATER AVENUE
SPRING HILL FL 34606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME
HINDS, MARY M.
STREET ADDRESS
4369 BLUEWATER AVENUE
CITY-STATE-ZIP
SPRING HILL FL

TITLE ☐ Delete
NAME
HINDS, RODGER E.
STREET ADDRESS
4369 BLUEWATER AVENUE
CITY-STATE-ZIP
SPRING HILL FL

TITLE ☐ Delete
NAME
EDMONSTON, ROBERT
STREET ADDRESS
4406 MONTANO AVE
CITY-STATE-ZIP
SPRING HILL FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
000000605688
01/30/07-80044-025 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information