


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90101 043 \*\*\*\*61.25

<b>DOCUMENT # N23174</b> 1. Entity Name <b>WEEKI WACHEE AMERICAN LEGION POST NO. 208, INC.</b>					
Principal Place of Business <b>C/O MARY M. HINDS 4369 BLUEWATER AVENUE SPRING HILL, FL 34606</b>			Mailing Address <b>C/O MARY M. HINDS 4369 BLUEWATER AVENUE SPRING HILL, FL 34606</b>		
2. Principal Place of Business - No P.O. Box # <b>MARY M HINDS</b> Suite, Apt. #, etc. <b>7030 EVERGREEN WOODS TRAIL</b>		3. Mailing Address <b>MARY M HINDS</b> Suite, Apt. #, etc. <b>7030 EVERGREEN WOODS TRAIL</b>			
City & State <b>SPRING HILL, FL</b>		City & State <b>SPRING HILL, FL</b>			
Zip <b>34608</b>		Country <b>USA</b>		4. FEI Number <b>59-2722554</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HINDS, MARY M. 4369 BLUEWATER AVENUE SPRING HILL, FL 34606</b>			7. Name and Address of New Registered Agent  Name <b>MARY M HINDS</b> Street Address (P.O. Box Number is Not Acceptable) <b>7030 EVERGREEN WOODS TRAIL</b> <b>SPRING HILL</b> City <b>SPRING HILL</b> <b>FL</b> Zip Code <b>34608</b>		
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>Mary M. Hinds</i></u> <u><i>Mary M. Hinds</i></u> <u>4/18/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</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	D HINDS, MARY M. 4369 BLUEWATER AVENUE SPRING HILL, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MARY M HINDS 7030 EVERGREEN WOODS TRAIL SPRING HILL, FL 34608
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINDS, RODGER E. 4369 BLUEWATER AVENUE SPRING HILL, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DECEASED
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDMONSTON, ROBERT 4406 MONTANO AVE SPRING HILL, FL	<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.					
<b>SIGNATURE:</b> <u><i>Mary M. Hinds</i></u> <u>4/18/08</u> <u>352-597-4796</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					