

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N24020

1. Entity Name
MAYO POST 105 AMERICAN LEGION, INC.



Principal Place of Business
**PO BOX 178
MAYO, FL 32066**

Mailing Address
**PO BOX 178
MAYO, FL 32066**



04012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-6151009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, CARLTON L
432 SE L.C. FOLSOM RD
MAYO, FL 32066**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACK, CARLTON L 4325 S.W.L.C. FOLSOM RD MAYO, FL 32066
------------------------------------------------	--------------------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SESSIONS, LEWIS B P.O. BOX 246 HB N/A MAYO, FL
------------------------------------------------	-----------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALHOUN, WAYMON RT. 2 BOX 2025 MAYO, FL 32066
------------------------------------------------	----------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC HORTON, JOHN P RT. 1 BOX 736 MAYO, FL 32066
------------------------------------------------	---------------------------------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
------------------------------------------------	--

U000000945748
05/30/08-80020-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Carlton Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-08
Date

386-294-2918
Daytime Phone #