

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24297

FILED
Jan 13, 2009
Secretary of State

Entity Name: AMERICAN LEGION, RICHARD D. KNOTT MEMORIAL POST 219, INC.

Current Principal Place of Business:

102 S. DIXIE AVE.
FRUITLAND PARK, FL 34731

New Principal Place of Business:

Current Mailing Address:

102 S. DIXIE AVE.
P.O. BOX 1
FRUITLAND PARK, FL 34731

New Mailing Address:

FEI Number: 59-6190644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WOOD, RICKEY J
36550 SKYCREST BLVD.
FRUITLAND PARK, FL 34731 US

Name and Address of New Registered Agent:

HANAMAN, ROBERT A
284 MAGNOLIA DR.
FRUITLAND PARK, FL 34731 US

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: ROBERT A. HANEMAN

01/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GELLA, JOHN J
Address: 503 SEMINOLE AVE
City-St-Zip: FRUITLAND PARK, FL 34731

Title: DFO () Delete
Name: FRIEDEBORN, EARL M
Address: 34515 HODGES RD.
City-St-Zip: LEESBURG, FL 347884525

Title: D () Delete
Name: HANEMAN, ROBERT A
Address: 284 MAGNOLIA DR.
City-St-Zip: FRUITLAND PARK, FL 34731

Title: D () Delete
Name: ROUSSEAU, CHARLES
Address: 5250 BYRON RD.
City-St-Zip: FRUITLAND PARK, FL 34731

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: KRAJEWSKI, STANLEY
Address: 5207 TREASURE VIEW WAY
City-St-Zip: LEESBURG, FL 34748

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

Title: D () Change (X) Addition
Name: BIDDLE, THOMAS C
Address: 3434 TROUT AVE.
City-St-Zip: FRUITLAND PARK, FL 34731

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: EARL M. FRIEDEBORN

DFO

01/13/2009

Electronic Signature of Signing Officer or Director

Date