


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90031 026 ****61.25

DOCUMENT # N25684 1. Entity Name OSCAR E. WILSON POST NO. 75 AMERICAN LEGION, INC.					
Principal Place of Business 898 E. JAMES LEE BLVD. CRESTVIEW FL 32539 US			Mailing Address 898 E JAMES LEE BLVD CRESTVIEW FL 32539 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6200399	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTENS, CHARLES L 3195 HIGHWAY 602 LAUREL HILL FL 32567				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE <input checked="" type="checkbox"/> Delete NAME FORTENBERRY, JOHN STREET ADDRESS 5032 GALAXY DR CITY-ST-ZIP CRESTVIEW FL 32539			<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input checked="" type="checkbox"/> Delete NAME SAUCIER, NICK STREET ADDRESS 2940 STILLWELL BLVD. CITY-ST-ZIP CRESTVIEW FL 32539			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE Adjutant NAME Cable Schools STREET ADDRESS 4336 Sablan L.V. CITY-ST-ZIP Milton, FL 32583		
TITLE <input checked="" type="checkbox"/> Delete NAME STEVENS, MARIE STREET ADDRESS 6117 N WILLOW LANE CITY-ST-ZIP CRESTVIEW FL 32539			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE TD NAME Teresa Martin STREET ADDRESS 501 Cooper St CITY-ST-ZIP Crestview, FL 32539		
TITLE <input type="checkbox"/> Delete NAME KUFFLER, RICH STREET ADDRESS 114 KIPLING DR CITY-ST-ZIP CRESTVIEW FL 32539			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE Commander NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME PRICE, DAVID STREET ADDRESS 5466 GRIFFITH MILL RD CITY-ST-ZIP BAKER FL 32531			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE 1st Vice NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TITLE Service Officer NAME Ron Clark STREET ADDRESS 3076 Highland ave CITY-ST-ZIP Crestview, FL 32539		

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 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: *Teresa Martin*

1/23/06