

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90023 050 ****61.25

DOCUMENT # N28435

1. Entity Name

**CHARLES E. ATHEY POST NO. 80, INC. THE
AMERICAN N LEGION, DEPARTMENT OF FLORIDA**



Principal Place of Business

Mailing Address

1019 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

1019 PENNSYLVANIA AVENUE
ST. CLOUD FL 34769

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

59-6142410

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BERGELT, PHILIP R
1019 PENNSYLVANIA AVE
ST CLOUD FL 34769**

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

Philip R Bergelt

Philip R Bergelt

3-14-08

Signature, typed or printed name of registered agent and to be applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	EFFLER, MARIKAY D	
STREET ADDRESS	1019 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BERGELT, PHILIP R TD	
STREET ADDRESS	1019 PENNSYLVANIA AVE.	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	P	<input type="checkbox"/> Delete
NAME	COX, JERRY D	
STREET ADDRESS	1019 PENNSYLVANIA AVE	
CITY-ST-ZIP	SAINT CLOUD FL 34769	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOGAN, JEFFREY A	
STREET ADDRESS	1019 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	ST. CLOUD FL 34769	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SECY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SKIP BARNETTE	
STREET ADDRESS	1019 PENNSYLVANIA AVE	
CITY-ST-ZIP	ST CLOUD FL 34769	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-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 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:

Philip R Bergelt

3-14-08

407 892 8808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #