2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N28435

Sep 12, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1019 PENNSYLVANIA AVENUE ST. CLOUD, FL 34769

Current Mailing Address: New Mailing Address:

1019 PENNSYLVANIA AVENUE ST. CLOUD, FL 34769

FEI Number: 59-6142410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: S (X) Change () Addition Name: SKIP, BARNETTE Name: BARNETTE, SKIP
Address: 1019 PENNSYLVANIA AVE Address: 1019 PENNSYLVANIA AVE

Address: 1019 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Address: 1019 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

City-St-Zip: SAINT CLOUD, FL 34769 US

Title: TD () Delete Title: P (X) Change () Addition Name: BERGELT, PHILIP R TD Name: BERGELT, PHILIP R

Address: 1019 PENNSYLVANIA AVE. Address: 1019 PENNSYLVANIA AVE. City-St-Zip: SAINT CLOUD, FL 34769 US City-St-Zip: SAINT CLOUD, FL 34769 US

Title: P () Delete Title: TD (X) Change () Addition Name: COX, JERRY D Name: COX, JERRY D

Address: 1019 PENNSYLVANIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: V () Delete Title: () Change () Addition

 Name:
 LOGAN, JEFFREY A
 Name:

 Address:
 1019 PENNSYLVANIA AVENUE
 Address:

 City-St-Zip:
 ST. CLOUD, FL 34769 US
 City-St-Zip:

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: PHILIP R. BERGELT P 09/12/2008