

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 09, 2011**  
**Secretary of State**

DOCUMENT# N28435

**Entity Name:** CHARLES E. ATHEY POST NO. 80, INC. THE AMERICAN N LEGION, DEPARTMENT OF FLORIDA**Current Principal Place of Business:**1019 PENNSYLVANIA AVENUE  
ST. CLOUD, FL 34769**New Principal Place of Business:****Current Mailing Address:**1019 PENNSYLVANIA AVENUE  
ST. CLOUD, FL 34769**New Mailing Address:****FEI Number:** 59-6142410**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BERGELT, PHILIP R  
1019 PENNSYLVANIA AVE  
ST CLOUD, FL 34769 US**Name and Address of New Registered Agent:**

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:**

Title: S  
Name: BASS, DARYL  
Address: 1019 PENNSYLVANIA AVE  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: P  
Name: TEICHMAN, GARY  
Address: 1019 PENNSYLVANIA AVE.  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: TD  
Name: BERGELT, PHILIP R  
Address: 1019 PENNSYLVANIA AVE  
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: V  
Name: EATMAN, WALT  
Address: 1019 PENNSYLVANIA AVENUE  
City-St-Zip: ST. CLOUD, FL 34769 US

I hereby 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 all other like empowered.

SIGNATURE: PHILIP R. BERGELT

TD

09/09/2011

Electronic Signature of Signing Officer or Director

Date