


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 8:00 am
Secretary of State

08-23-2007 90021 030 ****61.25

DOCUMENT # N28502 1. Entity Name AMERICAN LEGION POST 348 (CHALLENGER 7) INC.						
Principal Place of Business 105 LINCOLN AVE CAPE CANAVERAL, FL 32920			Mailing Address 105 LINCOLN AVE CAPE CANAVERAL, FL 32920			
2. Principal Place of Business - No P.O. Box # AS ABOVE		3. Mailing Address AS ABOVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number 59-2903617		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent RAC, TRACY 8817 N ATLANTIC AVE, # 50 CAPE CANAVERAL, FL 32920				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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: <u><i>Tracy F. Rac</i></u> 4-Jul-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by September 14, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	C CZOCK, DEWEY 6824 RIDGEWOOD AVE CAPE CANAVERAL, FL 32920 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	Commander TRACY RAC 8817 N Atlantic Ave #50 Cape Canaveral FL 32920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1V SCHILDHAUER, DWAYNE 1047 HILLCREST DR COCOA, FL 32922 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	1V John Erskine 300 INTERNATIONAL DR #903 Cape Canaveral FL 32920 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2V MITCHELL, THOMAS 1475 HOLLY AVE MERRITT ISLAND, FL 32952 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JA OLSON, DON 220 COLUMBIA DR #3 CAPE CANAVERAL, FL 32920 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Tracy F. Rac</i></u> TRACY F. RAC				4-Jul-07 321 7991060 <small>Date Daytime Phone #</small>		