2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28502

FILED Jan 09, 2008 Secretary of State

Entity Name: AMERICAN LEGION POST 348 (CHALLENGER 7) INC.

Current Principal Place of Business:			New Principal Place of Business:					
	DLN AVE NAVERAL, FL	32920						
Current Mailing Address:			New Mailing Address:					
	DLN AVE NAVERAL, FL	32920						
El Number	: 59-2903617	FEI Number App	lied For()	FEI Number Not Appl	cable ()	Certific	ate of Status Desire	ed ()
lame and	d Address of (Current Register	ed Agent:	Name and	Address of	f New Re	gistered Agent:	
RAC, TRA 8817 N AT CAPE CA	ACY FLANTIC AVE, NAVERAL, FL	# 50 32920 US						
	e named entity e of Florida.	submits this state	ment for the p	ourpose of changing i	s registered	d office or	registered agent,	or bo
the Stat	e of Florida.	submits this state	ment for the p	ourpose of changing i	s registered	d office or	registered agent,	or bo
the Stat	e of Florida. RE:	submits this state			s registered	d office or	registered agent,	or bo
n the Stat SIGNATU	e of Florida. RE:	nic Signature of R		ent				
n the Stat	e of Florida. RE: Electron S AND DIREC C (RAC, TRACY 8817 N ATLAN	nic Signature of R TORS:		ent	S/CHANGE	s to of	Date	
n the Stati SIGNATU DFFICER itle: ame: ddress:	e of Florida. RE: Electron S AND DIREC C (RAC, TRACY 8817 N ATLAN CAPE CANAVE 1V (ERSKINE, JOH 200 INTERNAT	nic Signature of R TORS:) Delete TIC AVE #50 RAL, FL 32920) Delete		ent ADDITION Title: Name: Address:	S/CHANGE	ES TO OF	Date FICERS AND DII	
n the Stati GNATU DFFICER itle: aame: ddress: ity-St-Zip: itle: aame: ddress:	e of Florida. RE: Electron S AND DIREC C (RAC, TRACY 8817 N ATLAN CAPE CANAVE 1V (ERSKINE, JOH 200 INTERNAT CAPE CANAVE	nic Signature of R TORS:) Delete TIC AVE #50 (RAL, FL 32920) Delete N IONAL DR #903 (RAL, FL 32920) Delete OMAS		ent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	S/CHANGE	() Change () Change (X) Change JOE AVE	Date FICERS AND DII () Addition () Addition	

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: TRACY RAC C 01/09/2008