

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90381 009 ****61.25

DOCUMENT # N30402

1. Entity Name
PALM BEACH POST NO. 12 INC., AMERICAN LEGION



Principal Place of Business
**3201 S. DIXIE HWY
W PALM BEACH, FL 33405-1509 US**

Mailing Address
**3201 S. DIXIE HWY
W PALM BEACH, FL 33405-1509 US**

40051437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6136272

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KRAMER, R K
1514 SHIRLEY CT
LAKE WORTH, FL 33461**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 **SD** ☒ Delete
NAME **PLEASANTON, DAVID**
STREET ADDRESS **1840 FOREST HILL BLVD, SUITE 205**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **VD BEARD, W. GARY** ☒ Change ☐ Addition
NAME **8167 SPYGLASS DR**
STREET ADDRESS **WEST PALM BEACH, FL 33412**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **VALLIS, PETER**
STREET ADDRESS **3546 S. OCEAN DR APT 724**
CITY-ST-ZIP **PALM BEACH, FL 33480**

TITLE **SD BODMAN, MAXINE E.** ☒ Change ☐ Addition
NAME **P.O. BOX 7415**
STREET ADDRESS **WEST PALM BEACH, FL 33405-7415**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **KNAPP, DAVID A**
STREET ADDRESS **13765 SUNFLOWER CT #C**
CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JAEGER, ROBERT S**
STREET ADDRESS **10200 DAHLIA AVE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **SEMRAD, JAMES**
STREET ADDRESS **1801 FOREST HILL BLVD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **TD KRAMER, R.K.** ☒ Change ☐ Addition
NAME **1514 SHIRLEY CT**
STREET ADDRESS **LAKE WORTH, FL 33461**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **O'BRIEN, WARREN E**
STREET ADDRESS **238 MONCEAUX RD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE ☐ Change ☐ 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 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: *Robert S. Jaegers*

JANUARY 07, 2006

(561) 655-1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT S. JAEGER, PRESIDENT