


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90010 030 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6136272	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ZERN, WILLIAM A JR 205 LAKELAND DR WEST PALM BEACH, FL 33405			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	VD EASSA, JACK J 2640 KITTBUCK WAY WEST PALM BEACH, FL 33412		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODMAN, MAXINE E 2886 FERNLEY DR EAST TH-59 WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNAPP, DAVID A 13765 SUNFLOWER CT #C WELLINGTON, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUEHNEL, Louise R. 251 Maplecreek Circle Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JAEGER, ROBERT S 10200 DAHLIA AVE PALM BEACH GARDENS, FL 33410		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VALLAS, Peter R. 3546 S. Ocean Dr. Apt 724 Palm Beach, FL 33480-5719	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERNICOFF, GERALD 2441 VILLAGE BLVD #205 WEST PALM BEACH, FL 33409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAMER, R.K. 1514 Shirley Court Lake Worth, FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'BRIEN, WARREN E 238 MONCEAUX RD WEST PALM BEACH, FL 33405		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" 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: <i>Maxine E. Bodman</i> MAXINE E. BODMAN, SECRETARY			January 18, 2008 (561) 655-1343 Date Daytime Phone #		