

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34046

FILED
Jul 17, 2009
Secretary of State

Entity Name: AMERICAN LEGION POST 171, ROBERT L. COLEMAN, INC.

Current Principal Place of Business:

1814 NORTH 21ST STREET
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1814 N 21ST STREET
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 59-6200409 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLAYTON, HENRY
2702 KINGSLEY DR
FORT PIERCE, FL 34946 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: F () Delete
Name: PETERS, ANTHONY
Address: 749 N.W. KINGSTON ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: EB () Delete
Name: ANDERSON, HENRY
Address: 2302 AVE O
City-St-Zip: FT PIERCE, FL 34950

Title: SGT () Delete
Name: DAVIS, EDDIE
Address: 3503 AVE S
City-St-Zip: FT. PIERCE, FL 34947

Title: JA () Delete
Name: WILLIAMS, JAMES
Address: 4007 AVE M
City-St-Zip: FORT PIERCE, FL 34947

Title: C () Delete
Name: CLAYTON, HENRY
Address: 2702 KINGSLEY DR
City-St-Zip: FT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRY CLAYTON

CMDR

07/17/2009

Electronic Signature of Signing Officer or Director

Date