

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N34046

**FILED**  
**Apr 10, 2012**  
**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 ( )**

**Name and Address of Current Registered Agent:**

EFFEND, TOMMY  
4804 EVERGREEN AVE  
FORT PIERCE, FL 34947 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  
Name: PETERS, ANTHONY  
Address: 749 N.W. KINGSTON ST  
City-St-Zip: PORT ST LUCIE, FL 34983

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

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

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

Title: C  
Name: EFFEND, TOMMY  
Address: 4804 EVERGREEN AVE.  
City-St-Zip: FT PIERCE, FL 34947

I hereby 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 all other like empowered.

SIGNATURE: TOMMY EFFEND

COMM

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date