

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:47

DOCUMENT # N35247 (8)

1. Corporation Name
CPT EDDIE V RICKENBACKER POST NO 292 THE AMERICA
N LEGION INC.

Principal Place of Business Mailing Address
C/O JAMES A. LOUDEN
5890 WEST 9 LANE
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1989	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0226381	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <i>1148 NW Lombardy Dr.</i>	2a. Mailing Address 21 C/O JAMES A. LOUDEN 5890 WEST 9 LANE HIALEAH FL 33012
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <i>Port St. Lucie</i>	28 City & State
24 Zip <i>34986</i>	25 Country <i>St. Lucie</i>
29 Zip	30 Country

9. Name and Address of Current Registered Agent
LOUDEN, JAMES A.
5890 WEST 9 LANE
HIALEAH FL 33012

81 Name <i>James A. Loudon</i>
82 Street Address (P.O. Box Number is Not Acceptable) <i>1148 N.W. Lombardy Dr.</i>
83
84 City <i>Port St. Lucie</i>
85 Zip Code <i>FL 34986</i>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *James A. Loudon* *James A. Loudon*
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	TALLON, LOUIS
STREET ADDRESS	5860 WEST 9TH LANE
CITY - ST - ZIP	HIALEAH FL
TITLE	SD
NAME	GLASSER, MAX
STREET ADDRESS	7171 SW 6 STREET
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	TD
NAME	LOUDEN, JAMES A.
STREET ADDRESS	5890 WEST 9 LANE
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James A. Loudon* *James A. Loudon* (305) 883-6970
(Signature and typed or printed name of signing officer or director) Date