

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36081

FILED
Apr 24, 2009
Secretary of State

Entity Name: CHRIS GADSON POST #204, AMERICAN LEGION, INC.

Current Principal Place of Business:

747 LOTUS LANE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

PO BOX 10362
DAYTONA BEACH, FL 32120

New Mailing Address:

FEI Number: 59-2002450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, LINDSEY
747 LOTUS LANE
DAYTONA BEACH, FL 32114 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: V () Delete
Name: MCLENDON, GEORGE
Address: 751 BELLEVUE AVE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: STAPLES, LEROY JR.
Address: 624 LOOMIS AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PS () Delete
Name: MORRIS, LINDSEY
Address: 747 LOTUS LANE
City-St-Zip: DAYTONA BEACH, FL 32114

Title: D () Delete
Name: BROWN, SR, ROBERT L
Address: 640 HUDSON ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T () Delete
Name: ALBRITTON, JR, WESLEY
Address: 604 HUDSON ST
City-St-Zip: DAYTONA BEACH, FL 32114

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: T () Change (X) Addition
Name: HILL, NELSON
Address: 624 WILLIE DRIVE
City-St-Zip: DAYTONA BEACH, FL 32114

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: LINDSEY MORRIS

PS

04/24/2009

Electronic Signature of Signing Officer or Director

Date