2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36081



Feb 12, 2003 8:00 am Secretary of State

FILED

CHRIS GA	 NDSON POST #204, AMERIC	AN LEGION, INC.			0.	2-12-2005 50	103 017 0	1.23
Ornino di	(000101 001 1/201) /21/21/10			TIES!				
Principal Plac	e of Business	Mailing Address						
531 SOUTH MARTIN LUTHER KING BLVD. 531 SOUTH MARTIN			R KING BLVD.			•		
DAYTONA BEA		DAYTONA BEACH FL 32114						
			ţ.		()		HER CARLE BLEST BLOCK BLE	11 618 11 1 86 1
5 B: :::15	No. of Charles	n Mailing Address	•					
2. Principal Place of Business		3. Mailing Address 9:0.Box 103	362				JOIT GIATI BYON BIONS ON	
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>;</u>		CHECK HERE IF MAKING CHANGES			
00110, 7 1011	,, 0.0.		\$			ECK HENE IF IV.	AKING CHANGES	
City & Stat	ie .	City & State	. 61	4.	FEI Number 59-2	002450	Ar	oplied For
		Dantoug Be						ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Statu	ıs Desired	\$8.75 Ade Fee Require	
	6. Name and Address of Current	32120-0362	VOIUSIS		Name and Addres	ss of New Regis		
	6. Name and Address of Current	negistered Agent	Name		Traine and Page 1	o or trouverogram	go	
DEVEDI V	, REGINALD C	,						
	NDIKE DR	•	Street A	ddress (P.O.	Box Number is Not	Acceptable)		
	IGE FL 32127							
, , 0,24,	IGE I E GETE!		City	•		·-	Zip Cod	le
			! City				FL Zip Coo	
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or	registered a	gent, or both, in the	State of Florida.	I am familiar with,	and accept
the obligat	tions of registered agent.							
			1					
SIGNATURE	Signature, typed or printed name of registered agen	t and title if emplicable (NOTE	: Registered Agent signatu	ure required when	reinstating)		DATE	
			:					
		9. Flection Carr	npaign Financing	¢5	.00 May Be	Make (Check Payable	to
	FILE NOW: FEE IS \$61.25	Trust Fund C			ded to Fees		epartment of	
			•					
10.	OFFICERS AND DI	IRECTORS	11.	ADD	ITIONS/CHANGES	TO OFFICERS A		
TITLE	DT	☐ Delete	TITLE				☐ Change	Addition
NAME	BEVERLY, REGINALD C		NAME					,
STREET ADDRESS	6213 KLONDIKE DR		STREET ADDRESS					
CITY-ST-ZIP	PORT ORANGE FL		_ 					☐ Addition
THTLE	D Lester, Homer	Delete	TITLE				Change	Auoition
NAME STREET ADDRESS	829 MALEY STREET		STREET ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL 32114	en la	ì	के~• ~~ ~	15.4			
TITLE	DC	☐ Delete	TITLE				Change	☐ Addition
NAME	EDWARDS, CARNELL		NAME					
STREET ADDRESS	340 NORTH CAROLINE ST		STREET ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL		CITY-ST-ZIP					
TITLE	DE	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	STAPLES, LEROY JR.		NAME					
STREET ADDRESS	624 LOOMIS AVENUE		STREET ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP				П ?:	
TITLE	D LINDSEV	☐ Delete	TITLE NAME				☐ Change	☐ Addition
NAME STREET ADDRESS	MORRIS, LINDSEY		STREET ADDRESS					
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY-ST-ZIP			•		
	DATIONA DENOTITE SETT	☐ Delete	TITLE				☐ Change	Addition
TITLE NAME	• •	LJ Detete	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	`		CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.