2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37152

FILED Mar 30, 2009 Secretary of State

Entity Name: ERNEST M. SCHULTZ, III, POST NO. 351 OF THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

4800 PALM BEACH BLVD FT MYERS, FL 33905

Current Mailing Address: New Mailing Address:

4800 PALM BEACH BLVD FT MYERS, FL 33905

FEI Number: 65-0118667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WARBURTON, DONALD E 4800 PALM BEACH BLVD FT MYERS, FL 33905

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:

Title:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS: () Change () Addition () Delete WARBURTON, DONALD E Name: Name: 4800 PALM BEACH BLVD Address: Address: City-St-Zip: FT MYERS, FL 33905 US City-St-Zip: Title: DP () Delete Title: () Change () Addition EBLING, JOHN S Name: Name: Address: 4800 PALM BEACH BLVD Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: DS () Delete Title: () Change () Addition URBAN, STEPHEN E JR Name: Name: 4800 PALM BEACH BLVD Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition Name: CONNOR, JOSEPH Name: DODD, JAMES E 4800 PALM BEACH BLVD 4800 PALM BEACH BLVD Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905 Title: () Delete Title: (X) Change () Addition MCCLOSKEY, WAYNE BRADY, EMORY E Name: Name: 4843 NOTTINGHAM DR 4800 PALM BEACH BLVD Address: Address: City-St-Zip: FORT MYERS, FL 33905 City-St-Zip: FORT MYERS, FL 33905

() Delete () Change (X) Addition WELLER, HAROLD J Name: Name: Address: Address: 4800 PALM BEACH BLVD FORT MYERS, FL 33905 City-St-Zip: 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.

Title:

SIGNATURE: DONALD E. WARBURTON DT 03/30/2009