2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT



FILED

200	08 NOT-FOR-PRO ANNUAL	OFIT CORPOR REPORT	RATION	Mar 13, 2008 8:00 am
1. Entity Name	DLA COUNCIL NAVY LEAG	GUE OF THE UNITED		Secretary of State 03-13-2008 90025 001 ****61.25
Principal Place P.O. BOX 174 PENSACOLA,		Mailing Address P.O. BOX 17486 PENSACOLA, FL 32522-	7486 US	
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address		1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02212008 Chg-NP CR2E037 (12/06)
City & State	9	City & State		4. FEI Number Applied For 59–3025961 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
			Z99	
the obligation of the control of the	Sofizure. (yped or printed name of registered agent	and title if applicable. (NOTE:	 	St.00 May Be Make check payable to
<u>. </u>	Due by May 1, 2008	Trust Fund Co		Added to Fees Florida Department of State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JA GONZALEZ TOM 3 W GARDEN STREET 7TH FL PENSACOLA, FL 32501	RECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 VPD Anderson III, Robert H 3 235 KINARS AVE. PENSADLA FI. 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIGGS, BOBBY 4141 AIKEN RD PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Change MARK S Change MAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLIAMS, BETTY 7062 BELGIUM CIR PENSACOLA, FL 32526	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FOURNIER, DEAN D 2996 HWY 97 SOUTH CANTONMENT, FL 32533	☐ Delete	THTLE NAME STREET ADDRESS CHY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	T SCHALLHORN, DAVID 483 TURNBERRY ROAD CANTONMENT, FL 32533	JZK Qelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MacPherson, John 4004 Longwood Cir. 6414 Breeze, FL. 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD OCHS, JOHN 2240 OXFORD PLACE PENSACOLA, FL 32503	⊠ pelete	TITLE NAME STREET ADDRESS CITY-ST-ZP	Change Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attachmen with an address, with all other like empowered.

SIGNATURE

John MACPheason

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-28

850 -916-4934