2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N39148

Entity Name: THE AMERICAN LEGION, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

1912 A LEE ROAD
ORLANDO, FL 328105714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 547859
ORLANDO, FL 328547859 US

New Mailing Address:

FEI Number: 59-0142062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDANIEL, MICHAEL R
1912 LEE ROAD
A
ORLANDO, FL 32810 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: DS ( ) Delete
Name: MCDANIEL, MICHAEL R
Address: 1912 A LEE ROAD
City-St-Zip: ORLANDO, FL 328105714 US

Title: T ( ) Delete
Name: SPECK, MICHAEL
Address: 1912 A LEE ROAD
City-St-Zip: ORLANDO, FL 328105714 US

Title: D ( ) Delete
Name: POST, HORACE W
Address: 1912 A LEE RD
City-St-Zip: ORLANDO, FL 328105714 US

Title: O ( ) Delete
Name: MULLENIX, GERALD I
Address: 1912 A LEE ROAD
City-St-Zip: ORLANDO, FL 328105704 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MARTEL, PAUL
Address: 1912 A LEE RD
City-St-Zip: ORLANDO, FL 328105714 US

Title: ( ) Change ( ) Addition
Name:
Address:
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.

SIGNATURE: MICHAEL MCDANIEL DS 01/29/2009

Electronic Signature of Signing Officer or Director — Date