



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90093 047 ****61.25

DOCUMENT # N41684 1. Entity Name WHITE CITY POST 358, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA					
Principal Place of Business 3223 SOUTH US #1 FORT PIERCE FL 34982				Mailing Address 3223 SOUTH US #1 FORT PIERCE FL 34982	
2. Principal Place of Business 3223 A Suite, Apt. #, etc. A City & State FT PIERCE FLA		3. Mailing Address 3223 Suite, Apt. #, etc. A City & State FT PIERCE FLA			
Zip 34982		Country st. lucie		4. FEI Number 65-0226753	
Zip 34982		Country st. lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEPPLER, EDWARD F 5501 PALM DR FT. PIERCE FL 34982				7. Name and Address of New Registered Agent Name JOE C TORRES Street Address (P.O. Box Number is Not Acceptable) 96 PLANTATION BLVD City FT PIERCE FL Zip Code 34982	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>JOE C TORRES ADJUTANT</u> <u>1-22-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	CD PIERCE, JAMES	<input checked="" type="checkbox"/> Delete	TITLE	HAENNING MICHAEL L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3550 LOT 17 US 1 S		NAME	5205 PINETREE DR	
STREET ADDRESS	FORT PIERCE FL 34982		STREET ADDRESS	FT PIERCE FL. 34982	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	CLARK, WILLIE	<input checked="" type="checkbox"/> Delete	TITLE	DENNIS THOMPSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	412 B SANDPIPER DR		NAME	34 SPANNA WAY	
STREET ADDRESS	FORT PIERCE FL 34982		STREET ADDRESS	FT PIERCE FL. 34951	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TORRES, JOE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	96 PLANTATION BLVD		NAME		
STREET ADDRESS	FORT PIERCE FL 34982		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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.					
SIGNATURE: <u>JOE C TORRES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>1-22-04-772-4666121</u> <small>Date Daytime Phone #</small>	