

Jan 22
Sec

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | |
|--|--|--|
| DOCUMENT # N41684 | |  |
| 1. Entity Name WHITE CITY POST 358, INCORPORATED, THE AMERICAN LEGION, DEPARTMENT OF FLORIDA | | |
| Principal Place of Business 3223 A A FORT PIERCE, FL 34982 | Mailing Address 3223 A FORT PIERCE, FL 34982 |  |
| DO NOT WRITE IN THIS SPACE | | |
| 01192005 No Chg-NP CR2E037 (10/03) | | |
| 4. FEI Number 65-0226753 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent TORRES, JOE C 96 PLANTATION BLVD FT. PIERCE, FL 34982 | | |
| DO NOT WRITE IN THIS SPACE | | |
| 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:  DATE: 1-19-05 <small>(NOTE: Registered Agent signature required when re-registering)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U000000191227 01/24/05-80164-025 61.25 |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HAENNING, MICHAEL L 5205 PINETREE DR FORT PIERCE, FL 34982 | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JHONSON, DENNIS 34 EPANENA WAY FORT PIERCE, FL 34951 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TORRES, JOE 96 PLANTATION BLVD FORT PIERCE, FL 34982 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS 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:  DATE: 1-19-05 772-595-456 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |