

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2008 8:00 am**  
**Secretary of State**

01-15-2008 90034 014 \*\*\*\*70.00

**DOCUMENT # N41684**

1. Entity Name  
**WHITE CITY POST 358, INCORPORATED, THE  
AMERICAN LEGION, DEPARTMENT OF FLORIDA**



Principal Place of Business  
**4350 OLEANDER AVE  
FORT PIERCE, FL 34982**

Mailing Address  
**4350 OLEANDER AVE  
FORT PIERCE, FL 34982**

40004000



**DO NOT WRITE IN THIS SPACE**

01062008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0226753**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VASSAR, RICHARD F COMMAND  
2760 TALL PINES  
FORT PIERCE, FL 34945**

*VASSAR, RICHARD D. COMMANDER  
637 SE CALMOSO DR. FT. ST. LUCIE, FL*

**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.

*34983*

SIGNATURE

*Richard F. Vassar*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CD  
HAENNING, MICHAEL L  
5205 PINETREE DR  
FORT PIERCE, FL 34982**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
KEPPLE, EDWARD F  
5501 PALM DR.  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

*Mail Certificate to  
4350 Oleander Ave  
Fort Pierce FL 34982  
Thank you*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Edward F. Kepple* **EDWARD F. KEDPLE** *1/11/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #