

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44075

FILED  
Jun 05, 2007  
Secretary of State

**Entity Name:** ARTHUR SAWYER POST NO. 28, THE AMERICAN LEGION, INCORPORATED

**Current Principal Place of Business:**

5610 W. COLLEGE RD.  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

5610 W. COLLEGE RD.  
KEY WEST, FL 33040 US

**Current Mailing Address:**

5610 W. COLLEGE RD.  
KEY WEST, FL 33040 US

**New Mailing Address:**

**FEI Number:** 59-6200885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

WILLIAMS, JERRY W  
31 CACTUS DR.  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

FROST, THOMAS J MR.  
3204 HARIET AVE.  
KEY WEST, FL 33040 US

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: THOMAS J. FROST

06/05/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CONOWAY, DONALD F  
Address: 5610 COLLEGE RD  
City-St-Zip: KEY WEST, FL 33040

Title: T ( ) Delete  
Name: LE COUMPTE, WILLIAM  
Address: 3612 EAGLE AVE  
City-St-Zip: KEY WEST, FL 33040

Title: P ( ) Delete  
Name: WILLIAMS, JERRY  
Address: 31 CACTUS DR.  
City-St-Zip: KEY WEST, FL 33040

Title: D ( ) Delete  
Name: FROST, THOMAS MR.  
Address: 3204 HARRIET  
City-St-Zip: KEY WEST, FL 33040 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: FROST, THOMAS J MR.  
Address: 3204 HARIET AVE.  
City-St-Zip: KEY WEST, FL 33040

Title: T (X) Change ( ) Addition  
Name: LE COUMPTE, WILLIAM MR.  
Address: 3612 EAGLE AVE  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: DECKER, GARY S MR.  
Address: 48 RIVERA DR.  
City-St-Zip: KEY WEST, FL 33040

Title: D (X) Change ( ) Addition  
Name: CONAWAY, DONALD MR.  
Address: 5610 COLLEGE RD.  
City-St-Zip: KEY WEST, FL 33040 US

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: THOMAS J. FROST

P

06/05/2007

Electronic Signature of Signing Officer or Director

Date