

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44075

FILED
Apr 28, 2009
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:

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 ()

Name and Address of Current Registered Agent:

FROST, THOMAS J MR.
3204 HARIET AVE.
KEY WEST, FL 33040 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: C () Delete
Name: FROST, THOMAS J MR.
Address: 3204 HARIET AVE.
City-St-Zip: KEY WEST, FL 33040

Title: F () Delete
Name: LE COUMPTTE, WILLIAM MR.
Address: 3612 EAGLE AVE
City-St-Zip: KEY WEST, FL 33040

Title: 1STV () Delete
Name: DECKER, GARY S MR.
Address: 48 RIVERA DR.
City-St-Zip: KEY WEST, FL 33040

Title: 2NDV () Delete
Name: CONAWAY, DONALD MR.
Address: 5610 COLLEGE RD.
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: JOSEPH, PATTERSON MR.
Address: 5610 COLLEGE RD
City-St-Zip: KEY WEST, FL 33040 US

Title: D () Delete
Name: DANIEL, DEDEO MR.
Address: 4A CALLE DOS
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: WILLIAM LECOUMPTTE

F

04/28/2009

Electronic Signature of Signing Officer or Director

Date