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Feb 07 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N45382

(1)

1. Corporation Name

WOODWORTH-WEBB AMERICAN LEGION UNIT 293, INC.

Principal Place of Business

215. SO.  
POST OFFICE BOX 592  
INTERLACHEN FL 32148-0592

Mailing Address

POST OFFICE BOX 592  
INTERLACHEN FL 32148-05923. Date Incorporated or Qualified  
09/27/19913a. Date of Last Report  
05/14/1996

2. Principal Place of Business

21 AMERICAN Legion Post 293

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Rm 315 SO.

27 Suite, Apt. #, etc.

City &amp; State

City &amp; State

23 INTERLACHEN, FLA

28 City &amp; State

Zip

Zip

Country

Country

24 32148

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLEMAN, ANN B.  
677 STATE RD. 20  
HOLLISTER FL 32147-0038

81 Name

NORMA SIEDLECKI

82 Street Address (P.O. Box Number is Not Acceptable)

211 ASH ST.

83

84 City

INTERLACHEN

FL

85 Zip Code

32148

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE NORMA SIEDLECKI

Norma Siedlecki

1-7-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME COLEMAN, ANN B.  
STREET ADDRESS 677 STATE ROAD 20  
CITY-ST-ZIP HOLLISTER FLTITLE D  
NAME KEAL, ANNA C.  
STREET ADDRESS 213 MILTON AVE.  
CITY-ST-ZIP INTERLACHEN FLTITLE D  
NAME BERRY, JUANITA M.  
STREET ADDRESS 202 ELLEN AVE.  
CITY-ST-ZIP INTERLACHEN FLTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME NORMA SIEDLECKI  
1.3 STREET ADDRESS 211 ASH ST.  
1.4 CITY-ST-ZIP HOLLISTER FL 321472.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANN B. COLEMAN  
Signature and typed or printed name of signing officer or director  
Date 1-7-97  
Daytime Phone 328-3658

CR2E037 (9/96)