

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90259 030 ****61.25

40077233



04162007 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

DOCUMENT # N45382 1. Entity Name WOODWORTH-WEBB AMERICAN LEGION UNIT 293, INC.	
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Principal Place of Business AMERICAN LEGION POST 293 RT 315 SO INTERLACHEN, FL 32148 US	Mailing Address POST OFFICE BOX 592 INTERLACHEN, FL 32148-0592
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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6. Name and Address of Current Registered Agent FREEMER, VIRGINIA E 116 BEAVEN ST INTERLACHEN, FL 32148	7. Name and Address of New Registered Agent Name <u>Theresa Lucia</u> Street Address (P.O. Box Number is Not Acceptable) <u>114 Ash St</u> <u>PO Box 1237</u> City <u>Interlachen</u> FL Zip Code <u>32148</u>
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Agent is deceased

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 Theresa Lucia 4/19/2007
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when transferring.)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD PACIAK, ROSE 104 ASH PL INTERLACHEN, FL 32148 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PD Jane Woodbury POB 2241 Interlachen, Fl. 32148 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	T LUCIA, THERESA POB 1237 INTERLACHEN, FL 32148 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	T Theresa Lucia 114 Ash St, Interlachen, Fl 32148 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	S SELLARS, SHIRLEY 114 ALPHEA LANE INTERLACHEN, FL 32148 ☒ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	C Wilma Cannoe 107 Hibiscus Rd Interlachen, Fl 32148 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	S E. Rae Ralosky P.O.Box 539 Orange Springs, Fl. 32148 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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: Theresa Lucia 4/19/2007 385 684-9104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR