2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45382

1. Entity Name

WOODWORTH-WEBB AMERICAN LEGION UNIT 293, INC.



Mailing Address	
POST OFFICE BOX 592	

AMERICAN LEGION POST 293 RT 315 SO INTERLACHEN FL 32148 2. Principal Place of Business

Suite, Apt. #, etc.

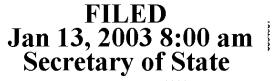
City & State

Zip

Principal Place of Business

POST: INTERLACHEN FL 32148-0592

Ī	3. Mailing Address	<u>.</u>	
	Suite, Apt. #, etc.		
7	City & State	·	
\dashv	Zin	Country	



01-13-2003 90344 036 ****61.25



CHECK HERE IF MAKING CHANGES					
ber NOT APPLICABLE	Applied For				
and the same of the same of	Not Applicable				

5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		Fee Required

6. Name and Address of Current Registered Agent		
FREEMER, VIRGINIA E 116 BEAVEN ST INTERLACHEN FL 32148		

Country

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code

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8.	The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida.	l am fan	niliar with, a	and accept
	and any of the state of the sta				

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

(NOTE: Registered Agent signature required when reinstating)

9 Election Campaign Financing

4. FEI Num

DATE

FILE NOW: FEE IS \$61.25				Added to Fees	Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FREEMER, VIRGINIA E 116 BEAVEN ST INTERLACHEN FL 32148	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORANGE SPRINGS FL 32182	☐ Delete	NAME STREET ADDRESS CITY - ST - ZIP		Carried States of States o	☐ Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DSOA TEMPLETON, PATSY P O BOX 152 ORANGE SPRINGS FL 32182	☐ 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
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 filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

A like the like the component 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

SIGNATURE:

01-08-03 386-184-