2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51094

FILED Jaņ 09, 2<u>00</u>8 Secretary of State

Entity Name: YALE YARNALL AMERICAN LEGION POST #34 INC.

Current Principal Place of Business: New Principal F	Place of Business:
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107 NO. 11TH ST. HAINES CITY, FL 33844

Current Mailing Address: New Mailing Address:

PO BOX 1718

HAINES CITY, FL 33845

FEI Number: 59-6153169 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MAYEWSKI, BRUNO J HESS, WILLIAM C 407 ROYAL TROON LOOP 8 O'HARA DR.

HAINES CITY, FL 33844 US DAVENPORT, FL 33837 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: WILLIAM CHESS 01/09/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

COMM () Delete (X) Change () Addition MAYEWSKI, BRUNO Name: Name:

HESS, WILLIAM C 8 O'HARA DR Address: 407 ROYAL TROON LOOP Address: City-St-Zip: HAINES CITY, FL 33844 US City-St-Zip: DAVENPORT, FL 33837 US

Title: TRES () Delete Title: () Change () Addition

LIGHTFOOT, KENNETH C Name: Name: Address: 230 E. HAINES BLVD Address: City-St-Zip: LAKE ALFRED, FL 33850 US City-St-Zip:

Title: EX.B () Delete Title: () Change () Addition

GREEN, MICHAEL Name: Name: 78 HIDE AWAY LANE Address: Address:

City-St-Zip: WINTER HAVEN, FL 33881 US City-St-Zip:

Title: EX.B () Delete Title: () Change () Addition

RETZLAFF, WARREN Name: Name: Address: 1301 ADAIR RD Address: City-St-Zip: DAVENPORT, FL 33837 US City-St-Zip:

Title: V.CO () Delete Title: () Change () Addition

ZEIGLER, DAVID Name: Name: 1330 ADAIR RD Address: Address: DAVENPORT, FL 33837 US City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

SLINGO, KEITH A Name: Name: Address: 407 ROYAL TROON LOOP Address: DAVENPORT, FL 33837 US City-St-Zip: 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 CHESS COMM 01/09/2008