

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51094

FILED  
Jun 18, 2009  
Secretary of State

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

**Current Principal Place of Business:**

107 NO. 11TH ST.  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1718  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** 59-6153169      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

HESS, WILLIAM C  
407 ROYAL TROON LOOP  
DAVENPORT, FL 33837      US

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

MAYEWSKI, BRUNO J  
8 OHARA DR.  
HAINES CITY, FL 33844      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: BRUNO J. MAYEWSKI

06/18/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: COMM      ( ) Delete  
Name: HESS, WILLIAM C  
Address: 407 ROYAL TROON LOOP  
City-St-Zip: DAVENPORT, FL 33837 US

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

Title: EX.B      ( ) Delete  
Name: GREEN, MICHAEL  
Address: 78 HIDE AWAY LANE  
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: EX.B      ( ) Delete  
Name: RETZLAFF, WARREN  
Address: 1301 ADAIR RD  
City-St-Zip: DAVENPORT, FL 33837 US

Title: V.CO      ( ) Delete  
Name: ZEIGLER, DAVID  
Address: 1330 ADAIR RD  
City-St-Zip: DAVENPORT, FL 33837 US

Title: CHAP      ( ) Delete  
Name: SLINGO, KEITH A  
Address: 407 ROYAL TROON LOOP  
City-St-Zip: DAVENPORT, FL 33837 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: COMM      (X) Change ( ) Addition  
Name: MAYEWSKI, BRUNO J  
Address: 8 OHARA DR.  
City-St-Zip: HAINES CITY, FL 33844 US

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: BRUNO J. MAYEWSKI

COMM

06/18/2009

Electronic Signature of Signing Officer or Director

Date