


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90013 046 \*\*\*\*61.25

**DOCUMENT # N93000000915**

1. Entity Name  
 THE CHARLES L. FUTCH POST NO. 189, DEPARTMENT OF FLORIDA, AMERICAN LEGION, INC.



Principal Place of Business: 807 LOUISIANA AVE, SEBASTIAN, FL. 32958 US  
 Mailing Address: 807 LOUISIANA AVE, SEBASTIAN, FL. 32958 US

2. Principal Place of Business: No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

40027673



01112007 Chg-NP CR2E037 (12/06)

4. FEI Number: 23-7066489  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
 MOTYKA, EDWIN J  
 4536 HUNTERS RUN CIRCLE  
 GRANT, FL 32949

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of person listed above and title applicable. (NOTE: Registered Agent signature required when reconstituting)

**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**

10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	MOTYKA, EDWIN	
STREET ADDRESS	4536 HUNTERS RUN CIRCLE	
CITY-ST-ZIP	GRANT, FL 32949	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ELSTEROGEN, BYRON</del>	
STREET ADDRESS	<del>1128 PERSTAN LN.</del>	
CITY-ST-ZIP	<del>SEBASTIAN, FL 32958</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONG, CHARLES	
STREET ADDRESS	485 CROTON AVENUE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE	P	<input type="checkbox"/> Delete
NAME	MARQUIS, PETER L.	
STREET ADDRESS	2110 E. LAKEVIEW DR	
CITY-ST-ZIP	SEBASTIAN, FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edwin J. Motyka  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2007 3219569135  
 Date Chapter Number