

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005716

FILED
Jan 30, 2009
Secretary of State

Entity Name: AMERICAN LEGION POST K-11, INC.

Current Principal Place of Business:

2124 AMERICAN LEGION DR.
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 2032
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 65-0454472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, ROBERT
3360 COUNTY RD #769
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

THOMAS, ROBERT F CDR
3360 SW COUNTY RD #769
ARCADIA, FL 34269 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: ROBERT F THOMAS

01/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: OBERLEY, RUSSELL
Address: 5177 NE SANDY LN.
City-St-Zip: ARCADIA, FL 34266

Title: PD () Delete
Name: KOCHER, RON
Address: 1501 S.E. PLUM DR
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: YORK, RONALD
Address: 34 EL VERANO AVE
City-St-Zip: ARCADIA, FL 34266

Title: S () Delete
Name: BUMGARNER, ROGER
Address: P.O BOX 1637
City-St-Zip: ARCADIA, FL 34265

Title: T () Delete
Name: VARNADORE, JOSEPH
Address: 1550 VARNADORE STREET
City-St-Zip: ARCADIA, FL 34266

Title: T () Delete
Name: CALDWELL, CHARLES H
Address: 8490 S W LIVERPOOL RD
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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: ROBERT F THOMAS

CDR

01/30/2009

Electronic Signature of Signing Officer or Director

Date