


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90187 012 \*\*\*\*61.25

**DOCUMENT # N95000004419**  
 1. Entity Name  
**THOMPSON MACKAY AMERICAN LEGION POST #210, INC.**



Principal Place of Business: 12500 NW 97TH PLACE, OCALA FL 34482 US  
 Mailing Address: 12500 NW 97TH PLACE, OCALA FL 34482 US

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3425340**  
 Applied For:  Not Applicable

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



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent  
**POOLE, EUGENE A**  
**12500 NW 97TH PLACE**  
**OCALA FL 34482**

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 registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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: D <input type="checkbox"/> Delete	NAME: SIMS, SAMUEL STREET ADDRESS: 2100 SW 3RD ST CITY-ST-ZIP: OCALA FL 34474
TITLE: AD <input type="checkbox"/> Delete	NAME: PORTER, ERNESTINE STREET ADDRESS: 1618 NE 21ST ST CITY-ST-ZIP: OCALA FL 34470
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: TYLER, HENRY A JR. STREET ADDRESS: PO BOX 3111 CITY-ST-ZIP: OCALA FL 34478
TITLE: C <input type="checkbox"/> Delete	NAME: POOLE, EUGENE A. STREET ADDRESS: 12500 N.W. 97TH PLACE CITY-ST-ZIP: OCALA FL
TITLE: DVC <input type="checkbox"/> Delete	NAME: WHITE, ARTHUR S STREET ADDRESS: 2224 NW 24TH RD CITY-ST-ZIP: OCALA FL 34475
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 checked="" type="checkbox"/> Addition	NAME: <i>William Bailey</i> STREET ADDRESS: <i>8150 FAIRWAY CIRCLE S-203</i> CITY-ST-ZIP: <i>OCALA, FL 34472</i>
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 Section 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: *Eugene A. Poole* **EUGENE A. POOLE** 4-12-2006