

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004419

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** THOMPSON MACKAY AMERICAN LEGION POST #210, INC.

**Current Principal Place of Business:**

12500 NW 97TH PLACE  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

12500 NW 97TH PLACE  
OCALA, FL 34482 US

**New Mailing Address:**

**FEI Number:** 59-3425340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POOLE, EUGENE A  
12500 NW 97TH PLACE  
OCALA, FL 34482 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SIMS, SAMUEL  
Address: 2100 SW 3RD ST  
City-St-Zip: OCALA, FL 34474

Title: AD  
Name: PORTER, ERNESTINE  
Address: 1618 NE 21ST ST  
City-St-Zip: OCALA, FL 34470

Title: C  
Name: POOLE, EUGENE A.  
Address: 12500 N.W. 97TH PLACE  
City-St-Zip: OCALA, FL

Title: DVC  
Name: WHITE, ARTHUR S  
Address: 2224 NW 24TH RD  
City-St-Zip: OCALA, FL 34475

Title: T  
Name: BAILEY, WILLIAM  
Address: 8150 FAIRWAY CIRCLE  
City-St-Zip: OCALA, FL 34472

I hereby 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 all other like empowered.

SIGNATURE: EUGENE A. POOLE

C

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date