2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

06 AUG 14 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000001142

1. Entity Name
CAMP GORDON JOHNSTON POST 82 INC. THE AMERICAN LEGION

08142006 Chg-NP CR2E037 (4/06)

Principal Place of Business	Mailing Address
408 OAK ST. CARRABELLE, FL 32322	P O BOX 544 CARRABELLE, FL 32322-0544 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOLLEY, WILLIAM H 930 AVE H AND 4TH ST. NE. CARRABELLE, FL 32322	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OCHALA, ROBERT 588 PINE STREET ALLIGATOR POINT, FL 32346	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Commander D.A. ZACHARIAS P.O. Box 721 CARRABELLE FL 32322 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SGT AKERS, JAMES D BOX N HWY 98 CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1st Vice TRAVIS L. EARL 151 ARIZONA ST CARRABELLE FL 32322 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RAINEY, ROBERT 3178 LOUISIANA AVE. LANARK VILLAGE, FL 32323	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cecil HARRELSON P.O. BOX 1176 LANARK Village, FL 32323 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOHLERT, ROBERT H BOX 527 HWY. 98 CARRABELLE, FL 32322	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	70007905493? 08/23/06--01034--020 **61.25 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCBRIDE, ROBERT M 601 LESLIE LEWIS RD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Demetrius A. Zacharias 8/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #