

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001142

FILED
Jul 05, 2007
Secretary of State

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

Current Principal Place of Business:

408 OAK ST.
CARRABELLE, FL 32322

New Principal Place of Business:

Current Mailing Address:

P O BOX 544
CARRABELLE, FL 323220544 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LOLLEY, WILLIAM H
930 AVE H AND 4TH ST. NE.
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

COX, DANIEL H
206 WEST 6TH STREET
CARRABELLE, FL 32322 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: DANIEL H COX

07/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OCHALA, ROBERT
Address: 588 PINE STREET
City-St-Zip: ALLIGATOR POINT, FL 32346

Title: SGT () Delete
Name: AKERS, JAMES D
Address: BOX N HWY 98
City-St-Zip: CARRABELLE, FL 32322

Title: C () Delete
Name: ZACHARIAS, D.A.
Address: P.O. BOX 731
City-St-Zip: CARRABELLE, FL 32325

Title: D () Delete
Name: WOHLERT, ROBERT H
Address: BOX 527 HWY. 98
City-St-Zip: CARRABELLE, FL 32322

Title: VC () Delete
Name: EARL, TRAVIS L
Address: 151 ARIZONA ST.
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: MCBRIDE, ROBERT M
Address: 601 LESLIE LEWIS RD
City-St-Zip: HAVANA, FL 32333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: INGERSOLL, ERNIE
Address: 122 DELEWARE ST
City-St-Zip: CARRABELLE, FL 32322

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: ERHARD, BILL
Address: 188 WOODILL RD
City-St-Zip: CARRABELLE, FL 32322

Title: D (X) Change () Addition
Name: GUIDREY, MIKE
Address: P.O. BOX 874
City-St-Zip: EASTPOINT, FL 32328

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: BILL ERHARD

C

07/05/2007

Electronic Signature of Signing Officer or Director

Date