2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N96000001142

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 ( )**

Name and Address of Current Registered Agent:

COX, DANIEL H
206 WEST 6TH STREET
CARRABELLE, FL 32322 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	( ) Delete
Name:	INGERSOLL, ERNIE	
Address:	122 DELEWARE ST	
City-St-Zip:	CARRABELLE, FL 32322	
Title:	SGT	( ) Delete
Name:	AKERS, JAMES D	
Address:	BOX N HWY 98	
City-St-Zip:	CARRABELLE, FL 32322	
Title:	C	( ) Delete
Name:	WHALEY, ALBERT	
Address:	143 CAROLINA STREET	
City-St-Zip:	CARRABELLE, FL 32322	
Title:	D	( ) Delete
Name:	GUIDREY, MIKE	
Address:	P.O. BOX 874	
City-St-Zip:	EASTPOINT, FL 32328	
Title:	VC	( ) Delete
Name:	MYRICK, JOE L	
Address:	BOX 515	
City-St-Zip:	LANARK VILLAGE, FL 32323	
Title:	D	(X) Delete
Name:	LARSEN, THOMAS	
Address:	410 WEST 4TH STREET	
City-St-Zip:	CARRABELLE, FL 32322	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	(X) Change ( ) Addition
Name:	MYRICK, JOE	
Address:	P. O. BOX 515	
City-St-Zip:	LANARK VILLAGE, FL 32323	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VC	(X) Change ( ) Addition
Name:	LARSEN, THOMAS H	
Address:	410 WEST 4TH ST.	
City-St-Zip:	CARRABELLE, FL 32322	
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: JOE MYRICK C 01/19/2009

Electronic Signature of Signing Officer or Director — Date