

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90094 023 ****61.25

DOCUMENT # N98000005220

1. Entity Name

MEMORIAL POST NO. 241, INC. THE AMERICAN
LEGION, DEPARTMENT OF FLORIDA



Principal Place of Business

2101 LEGION ROAD
SNEADS FL 32460

Mailing Address

P.O. BOX 671
SNEADS FL 32460



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6200371

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

EDWARDS, GUY R
7585 WEDDINGTON RD
SNEADS FL 32460

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 registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 NAME STREET ADDRESS CITY ST / ZIP	AD EDWARDS, GUY R 7585 WEDDINGTON RD SNEADS FL 32460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	FOD EDWARDS, WALTER G 7937 OLD SPANISH TRE SNEADS FL 32460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	VC HARRISON, WALTER A 7766 WOODLAWN DR GRAND RIDGE FL 32442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	C EDENFIELD, AARRON 6776 HIGHWAY 90 GRAND RIDGE FL 32442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP	T KILPATRICK, DILLON 2250 KILPATRICK LN SNEADS FL 32460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	FOD HARRISON, WALTER A. 7766 WOODLAWN DR. GRAND RIDGE, FL 32442	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	VC CAMP, RALPH W 6962 HIGHWAY 2 BASCOM, FL 32423	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Guy R Edwards* GUY R EDWARDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Block #