2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N98000005220

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

Current Principal Place of Business:

2101 LEGION ROAD
SNEADS, FL 32460

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 671
SNEADS, FL 32460

New Mailing Address:

FEI Number: 59-6200371 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EDWARDS, GUY R
7585 WEDDINGTON RD
SNEADS, FL 32460 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:	AD	( ) Delete
Name:	EDWARDS, GUY R	
Address:	7585 WEDDINGTON RD	
City-St-Zip:	SNEADS, FL 32460	
Title:	FOD	( ) Delete
Name:	GEORGE, SECREST A	
Address:	7351 BONE YARD RD.	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:	VC	( ) Delete
Name:	EDWARD, WALTER G	
Address:	7937 SPANISH TR.	
City-St-Zip:	SNEADS, FL 32460	
Title:	C	( ) Delete
Name:	EDENFIELD, AARRON	
Address:	6776 HIGHWAY 90	
City-St-Zip:	GRAND RIDGE, FL 32442	
Title:	T	( ) Delete
Name:	RALPH, CAMP T	
Address:	6962 HIGHWAY 2	
City-St-Zip:	BASCOM, FL 32423	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	C	(X) Change ( ) Addition
Name:	HIRT, HOMER B JR	
Address:	2054 DAIRY RD.	
City-St-Zip:	SNEADS, FL 32460	
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: GUY R EDWARDS AD 04/30/2009

Electronic Signature of Signing Officer or Director — Date