

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005939

FILED
Aug 01, 2005
Secretary of State

Entity Name: DARMON V. COLEMAN, AMERICAN LEGION POST #191, INCORPORATED

Current Principal Place of Business:

2911 S GRANT ST
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

PO BOX 784
MELBOURNE, FL 329020784

New Mailing Address:

FEI Number: 59-6200651 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

FINERSON, CARL
1671 WHITMAN DRIVE
WEST MELBOURNE, FL 32904 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: CHERRY, ROBERT
Address: 814 E JUNIPER LANE
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: BANKS, JOHN
Address: 3030 PLUMMER CR.
City-St-Zip: MELBOURNE, FL 32901

Title: FO () Delete
Name: MCNEIL, JOSEPH
Address: 804 POPLAR LANE
City-St-Zip: MELBOURNE, FL 32901

Title: ADJ () Delete
Name: WEST, WALTER E
Address: 1223 CANNON ST
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: BOLES, EDWARD
Address: 961 CANAL LANE
City-St-Zip: PALM BAY, FL 32905

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: () 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 for the exemption stated in Section 119.07(3)(i), 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: CARL FINERSON

COM

08/01/2005

Electronic Signature of Signing Officer or Director

Date