


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90356 002 ****61.25

DOCUMENT # N99000001444 1. Entity Name PENSACOLA BEACH AMERICAN LEGION POST #379, INC.					
Principal Place of Business P.O. BOX 6218 GULF BREEZE, FL 32561			Mailing Address P.O. BOX 6218 GULF BREEZE, FL 32561		
2. Principal Place of Business P.O. BOX 1163 Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 1163 Suite, Apt. #, etc.		
City & State GULF BREEZE, FL			City & State GULF BREEZE, FL		
Zip 32561		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEVENS, DON 1365 WINDSOR PARK RD. GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name WILLIAM F. BERGERON Street Address (P.O. Box Number is Not Acceptable) 8 CALLE TRAVIESA City PENSACOLA BEACH FL Zip Code 32561		
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 <u>William F. Bergeron</u> WILLIAM F. BERGERON ADJUTANT <u>May 27, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HD GRIFFEN, RALPH 1711 B ENSENADA UND PENSACOLA, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HD CUNNINGHAM, GERALD 900 FT. PICKENS RD #1033 PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BERGERON, WILLIAM F 8 CALLE TRAVIESA GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOT GOUDEY, JEFF 715 MALDONADO PENSACOLA, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENS, DON 1365 WINDSOR PARK RD GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAKE, JOHN P 502 YORK ST GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIGNON, CHUCK 713 MALDONAD DR GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	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 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 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: <u>William F. Bergeron</u> <u>May 27, 2004</u> <u>850-516-9315</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					