## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N99000001444** Entity Name PENSACOLA BEACH AMERICAN LEGION POST #379.

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

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

P.O. BOX 6218	INC.		,						
Suite Apt #, etc.   Suit	Principal Place of Business P.O. BOX 6218 GULF BREEZE, FL 32561		P.O. BOX 6218						
Sulle, Apt. 4, etc.  Sulle, Apt. 4, etc.  Sulle, Apt. 4, etc.  Sulle, Apt. 4, etc.  City & State  CULF BREEZE, FL  COUNTY 32.5 C.  JYA 32.5 C.  JYA 32.5 C.  So. Name and Address of Current Registered Agent  The Registered Agent  STEVENS, DON-  Street Address, PL 92561  Street Address, PL 92561  Street Address of Status Desired Agent  STEVENS, DON-  Street Address of Status Desired Agent  STEVENS, DON-  Street Address of Status Desired Agent  STEVENS, DON-  Street Address of New Registered Agent  STEVENS, DON-  Street Address of New Registered Agent  STEVENS, DON-  Street Address of New Registered Agent  Street Address of New Registered Ag	2. Principal P	lace of Business	3. Maiting Address						
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GULF BREEZE FL GURB REEZE FL GURB REEZE FL NOTAPPLICABLE   S.75 Additional Fee Required Fee			Suite, Apt. #, etc.			04242004 Chg-NP	CR2E037 (10/03)		
Section   Sect						4. FEI Number NOT APPLICABLE		-	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Na	Zip	Country	Zip			5. Certificate of Status Desired			
Name   Strevens Don'   1365 WinhD3CR PARK RD.	325				L		Fee Hequire	kd	
STEVENS DON' Street Address (P.O. Box Number is Not Acceptable)  WILLIAM F SERGERON  Street Address (P.O. Box Number is Not Acceptable)  B CALLE TRAUJE DA  City PEN SACQLA SEACH FL 325 6/1  B. 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 William F SERGERON ADJULIAM F SERGERON ADJULIAM F STATEMENT OF THE STATEMENT		6. Name and Address of Current	Registered Agent	Noma		7. Name and Address of New I	Registered Agent		
B CALLE TRAVIESA  City PENSACOLA BEACH FL 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 Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of Forida Department of State of Forid	1365 WINE	OSOR PARK-RD:			WILLIAM F. BERGERON				
B. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, and both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Department of State of State of Florida. Department of	GOLFBRE	LZE, FE 32301		8 CALLE TRAVIEGA					
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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			N 11 - 60 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	2 440 07(0)(2) 22 11 02	( ) , , , , , , , , , , , , , , , , , ,		

indicated on this report of supplemental report is true and accurate and that my signature snall have the same legal effect as it made under oath; that I am an officer or diffector 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.

CI	CI	N A	TI	ID	₽.

William & BugginSIGNATURE AND TYPED OR PRINTED NAME OF SUGNING OFFICER OR DIRECTOR

27,2004

850-516-9315