


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90286 017 \*\*\*\*75.00

<b>DOCUMENT # N99000001444</b>	
1. Entity Name <b>PENSACOLA BEACH AMERICAN LEGION POST #379, INC.</b>	

Principal Place of Business <b>P.O. BOX 1163 GULF BREEZE, FL 32561</b>	Mailing Address <b>P.O. BOX 1163 GULF BREEZE, FL 32561</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>BERGERON, WILLIAM F 8 CALLE TRAVIESA PENSACOLA BEACH, FL 32561</b>	

7. Name and Address of New Registered Agent	
Name <b>Gerald W. Watson</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>313 S. Sunset Blvd</b>	
City <b>Gulf Breeze</b>	FL <b>32561</b>

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 **Gerald W. Watson** DATE **19 Apr. 05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HD CUNNINGHAM, GERALD 900 FT. PICKENS RD #1033 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	AD BERGERON, WILLIAM F 8 CALLE TRAVIESA GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Gerald W. Watson</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>313 S. Sunset Blvd.</b> <b>Gulf Breeze, FL 32561</b>
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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bill Green</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 1082</b> <b>Gulf Breeze, FL 32561</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLAKE, JOHN P 502 YORK ST GULF BREEZE, FL 32561 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Deceased</b> <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	<b>Francis B. Glackin</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1 Pontifino Dr. #1301</b> <b>Pensacola Beach, FL 32561</b>

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: **Bill Greene** DATE **4/23/05** DAYTIME PHONE # **(850) 341-8622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BILL GREENE**