

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90077 006 ****61.25

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1. Entity Name

PENSACOLA BEACH AMERICAN LEGION POST #379, INC.



Principal Place of Business

P.O. BOX 1163
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 1163
GULF BREEZE FL 32561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number
NO-T APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, GERALD W
313 S SUNSET BLVD
GULF BREEZE FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **HD** ☐ Delete
NAME **CUNNINGHAM, GERALD**
STREET ADDRESS **900 FT. PICKENS RD #1033**
CITY-ST-ZIP **PENSACOLA FL 32561**

TITLE **AD** ☐ Delete
NAME **WATSON, GERALD W**
STREET ADDRESS **313 S SUNSET BLVD**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE **SOT** ☐ Delete
NAME **GOUDEY, JEFF**
STREET ADDRESS **715 MALDONADO**
CITY-ST-ZIP **PENSACOLA FL 32561**

TITLE **D** ☐ Delete
NAME **GREEN, BILL**
STREET ADDRESS **P O BOX 1082**
CITY-ST-ZIP **GULF BREEZE FL 32562**

TITLE **MNGM** ☐ Delete
NAME **GLASKIN, FRANCES B**
STREET ADDRESS **1 PONTIFINO DRIVE, #1301**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

TITLE **D** ☐ Delete
NAME **LOIGNON, CHUCK**
STREET ADDRESS **713 MALDONAD DR**
CITY-ST-ZIP **GULF BREEZE FL 32561**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

21 Jan 06