

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001444

FILED
Jan 05, 2009
Secretary of State

Entity Name: PENSACOLA BEACH AMERICAN LEGION POST #379, INC.

Current Principal Place of Business:

P.O. BOX 1163
GULF BREEZE, FL 32561

New Principal Place of Business:

661 PENSACOLA BEACH BLVD
PENSACOLA BEACH, FL 32561

Current Mailing Address:

P.O. BOX 1163
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WATSON, GERALD W
313 S SUNSET BLVD
GULF BREEZE, FL 32561 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: HD () Delete
Name: CUNNINGHAM, GERALD
Address: 900 FT. PICKENS RD #1033
City-St-Zip: PENSACOLA, FL 32561

Title: AD () Delete
Name: WATSON, GERALD W
Address: 313 S SUNSET BLVD
City-St-Zip: GULF BREEZE, FL 32561

Title: SOT () Delete
Name: GOUDEY, JEFF
Address: 715 MALDONADO
City-St-Zip: PENSACOLA, FL 32561

Title: D () Delete
Name: GREEN, BILL
Address: P O BOX 1082
City-St-Zip: GULF BREEZE, FL 32562

Title: MNGM () Delete
Name: GLACKIN, FRANCIS B
Address: 1 PONTIFINO DRIVE, #1301
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: D () Delete
Name: LOIGNON, CHUCK
Address: 713 MALDONAD DR
City-St-Zip: GULF BREEZE, FL 32561

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GERALD W. WATSON

AD

01/05/2009

Electronic Signature of Signing Officer or Director

Date