

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41684

Entity Name: WHITE CITY POST 358, INCORPORATED, THE AMERICAN
LEGION, DEPARTMENT OF FLORIDA**Current Principal Place of Business:**4350 OLEANDER AVE
FORT PIERCE, FL 34982**Current Mailing Address:**4350 OLEANDER AVE
FORT PIERCE, FL 34982**FEI Number:** 65-0226753**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CATHERINE L BACK CPA PLLC
7043 SOUTH US 1
STE 200
PORT ST LUCIE, FL 34952 US*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**Officer/Director Detail :**

Title	T
Name	SHAFFER, FLOYD A
Address	2022 S 3RD STREET
City-State-Zip:	FORT PIERCE FL 34950

Title	CDR
Name	WOODCUM, ROBERT
Address	5312 SUNSET BLVD
City-State-Zip:	FORT PIERCE FL 34982

Title	FIRST VP
Name	TOFT, RICHARD
Address	5412 PALMETTO DR
City-State-Zip:	FORT PIERCE FL 34982

Title	SECOND VP
Name	CERBASI, VINCENT A JR.
Address	324 MOCKINGBIRD AVE
City-State-Zip:	FORT PIERCE FL 34982

Title	EBOARD DIRECTOR
Name	BARR, WILLIAM F
Address	955 TUMBLIN KLING RD
City-State-Zip:	FORT PIERCE FL 34982

Title	EBOARD DIRECTOR
Name	GIGUERE, RICHARD
Address	169 CARDINAL AVE
City-State-Zip:	FORT PIERCE FL 34982

Title	POST ADJ
Name	ARNDT, MELISSA A
Address	5431 NW CRISTA ST
City-State-Zip:	PORT ST LUCIE FL 34986

I hereby 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 all other like empowered.

SIGNATURE: FLOYD SHAFFER

T

04/26/2019

Electronic Signature of Signing Officer/Director Detail_____
Date