

**2015 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	CADY, HARLAND
Address	5902 SEAGRAPE
City-State-Zip:	FORT PIERCE FL 34982

Title	FIRST VP
Name	ROMINE, JAMES A
Address	1758 W SANDERLING LANE
City-State-Zip:	FORT PIERCE FL 34982

Title	SECOND VP
Name	GLOVAN, JOSEPH L
Address	7807 SEAGRAPE DR
City-State-Zip:	FORT PIERCE FL 34982

Title	EBOARD DIRECTOR
Name	BOWMAN, ANGELA LEIGH
Address	10210 CARLTON ROAD
City-State-Zip:	PORT ST LUCIE FL 34987

Title	EBOARD DIRECTOR
Name	YOUNG, CHARLES
Address	5742 NW BELWOOD CIRCLE
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****TREASURER****04/21/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date