

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008932

FILED
Feb 09, 2009
Secretary of State

Entity Name: THE AMERICAN LEGION AUXILIARY USS TAMPA UNIT 5, INC.

Current Principal Place of Business:

3810 W. KENNEDY BLVD.
TAMPA, FL 336092710

New Principal Place of Business:

Current Mailing Address:

3810 W. KENNEDY BLVD.
TAMPA, FL 336092710

New Mailing Address:

FEI Number: 59-6145574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FUERST, BARBARA
3608 S CHURCH
TAMPA, FL 33629 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: P () Delete
Name: HAMBLIN, ROSE MARY
Address: 4405 W VASCENIA ST
City-St-Zip: TAMPA, FL 33629

Title: VP () Delete
Name: DUFFY, ALYSE
Address: 3620 S RENALLIE DRIVE
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: FUERST, BARBARA
Address: 3608 S CHURCH
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: HAMBLIN, ROSE MARY
Address: 4405 W. VASCONIA STREET
City-St-Zip: TAMPA, FL 336298325

Title: C () Delete
Name: HALL, ELSIE
Address: 3914 W OKLAHOMA AVE
City-St-Zip: TAMPA, FL 336162412

Title: TD () Delete
Name: FURST, BARBARA
Address: 3608 S CHURCH
City-St-Zip: TAMPA, FL 33629

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: TD (X) Change () Addition
Name: FUERST, BARBARA
Address: 3608 S CHURCH
City-St-Zip: TAMPA, FL 33629

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: BARBARA FUERST

TD

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date