

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 08, 2009
Secretary of State**

DOCUMENT# N06000006068

Entity Name: AMERICAN LEGION AUXILIARY DUNEDIN MEMORIAL UNIT 275, INC.

Current Principal Place of Business:

360 WILSON STREET
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

360 WILSON STREET
DUNEDIN, FL 34698

New Mailing Address:

P. O. BOX 1152
DUNEDIN, FL 34697

FEI Number: 20-4989615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAFONTE, RICHARD J
13191 STARKEY ROAD
UNIT 11
LARGO, FL 33773 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: D () Delete
Name: BECRAFT, KELLI
Address: 342 S. BUENA VISTA DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: BROWN, ELLEN
Address: 1750 PINEHURST RD
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: INGRAM, KATHARINE
Address: 1438 SANTA ANNA DRIVE
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAMSGARD, SHARON
Address: 1614 PASADENA DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change () Addition
Name: DEVINE, PATRICIA
Address: 1213 INVERNESS DRIVE
City-St-Zip: DUNEDIN, FL 34698

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: PATRICIA I. DEVINE

D

07/08/2009

Electronic Signature of Signing Officer or Director

_____ Date