

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003085

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, JAKE PIGOTT MEMORIAL UNIT 114, INC.

**Current Principal Place of Business:**

360 ROBERTS LANDING RD  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GRACIE ROBERTS  
360 ROBERTS LANDING RD  
SOPCHOPPY, FL 32358

**New Mailing Address:**

**FEI Number:** 41-2262123      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, GRACIE  
360 ROBERTS LANDING RD  
SOPCHOPPY, FL 32358      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  
Name: ROBERTS, GRACIE  
Address: 360 ROBERTS LANDING ROAD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: T  
Name: ROBERTS, GRACIE  
Address: 360 ROBERTS LANDING RD.  
City-St-Zip: SOPCHOPPY, FL 32358

Title: S  
Name: GLOVER, BETTY  
Address: 486 E IVAN ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: KEMP, SHARON  
Address: P O BOX 365  
City-St-Zip: SOPCHOPPY, FL 32358

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: GRACIE ROBERTS

PRES

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date