

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003687

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, WALTER JONES, UNIT 244 INC.

**Current Principal Place of Business:**

2309 JERNIGAN RD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

2309 JERNIGAN RD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

PO BOX 10531  
JACKSONVILLE, FL 32247

**FEI Number:** 59-2332577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, GENEVA  
3737 HAMLIN AVE  
JACKSONVILLE, FL 32207 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: DP  
Name: WOODS, CALLIE  
Address: 7740 SOUTHSIDE BLVD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: DT  
Name: WATSON, GENEVA  
Address: 3837 HAMLIN AVE  
City-St-Zip: JACKSONVILLE, FL 32207

Title: DV  
Name: FISHER, CONSTANCE  
Address: 1759 ART MUSEUM DR  
City-St-Zip: JACKSONVILLE, FL 32207

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: GENEVA WATSON

DT

02/17/2011

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

\_\_\_\_\_  
Date