

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004060

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY ALLEN RAWLS UNIT 77, INC

**Current Principal Place of Business:**

4375 LITTLE AL POINT  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 952  
INVERNESS, FL 34451

**New Mailing Address:**

**FEI Number:** 59-3685581

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUMETT, ALICE  
720 DESOTA AVE  
INVERNESS, FL 34452 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: PRES  
Name: BRUMETT, ALICE  
Address: 720 DESOTA AVE  
City-St-Zip: INVERNESS, FL 34452

Title: V  
Name: CAIN, MARIE  
Address: 6344 EAST RUSH  
City-St-Zip: INVERNESS, FL 34452

Title: S  
Name: KELLY, ERNA  
Address: 8632 E. SORA ST  
City-St-Zip: INVERNESS, FL 34453

Title: T  
Name: MCCARTHY, LORRAINE  
Address: 709 EDEN DR  
City-St-Zip: INVERNESS, FL 34452

Title: D  
Name: PROVENCAL, ANN  
Address: 3570 E. COVE PARK TRL  
City-St-Zip: HERNANDO, FL 34442

Title: PRES  
Name: BRUMETT, ALICE  
Address: 720 DESOTA AVE  
City-St-Zip: INVERNESS, FL 34452

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: ALICE BRUMETT

PRES

02/09/2012

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

\_\_\_\_\_  
Date