

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005623

FILED  
May 18, 2010  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, NORMAN MCLEOD UNIT 26, INC.

**Current Principal Place of Business:**

2207 W BAKER ST  
PLANT CITY, FL 33567

**New Principal Place of Business:**

**Current Mailing Address:**

2207 W BAKER ST  
PLANT CITY, FL 33567

**New Mailing Address:**

P.O. BOX 2542  
PLANT CITY, FL 33564

**FEI Number:** 20-5844516      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

GILL, MARJORIE  
1005 WHITEHURST RD LOT 93  
PLANT CITY, FL 33565      US

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

WOMBLE, LORETTA  
3104 WALLACE BRANCH RD  
PLANT CITY, FL 33565      US

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: LORETTA WOMBLE

05/18/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HOOVER, MARY L  
Address: 11208 SAILBROOKE DR  
City-St-Zip: RIVERVIEW, FL 33579

Title: TD  
Name: WOMBLE, LORETTA  
Address: 3104 WALLACE BRANCH RD  
City-St-Zip: PLANT CITY, FL 33565

Title: VD  
Name: VANDERLAAN, PAT  
Address: 38664 FERM DR  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: HIST  
Name: GILL, MARJORIE  
Address: 1005 WHITEHURST RD #93  
City-St-Zip: PLANT CITY, FL 335663

Title: CHAP  
Name: MENTER, LORRAINE  
Address: 4822 SEDENO DR  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SGTA  
Name: MCDUGALL, MABEL  
Address: 460 DON TAB WAY  
City-St-Zip: PLANT CITY, FL 33565

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: LORETTA WOMBLE

TRES

05/18/2010

Electronic Signature of Signing Officer or Director

Date