

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000005623

FILED
Apr 28, 2012
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:

P.O. BOX 2542
PLANT CITY, FL 33564

New Mailing Address:

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

Name and Address of Current Registered Agent:

WOMBLE, LORETTA
3104 WALLACE BRANCH RD
PLANT CITY, FL 33565 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: 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: SD
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: MCDOUGALL, 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

TD

04/28/2012

Electronic Signature of Signing Officer or Director

_____ Date