,			CC900	
Current Pri	ncipal Place of Business:			
119 HOWES S				
PORT ORANG	E, FL 32127			
Current Ma	iling Address:			
119 HOWES	SST			
PORT ORA	NGE, FL 32127			
	_			
FEI Number: 59-1838434			Certificate of Status Desired: No	
Name and A	Address of Current Registered	Agent:		
PIERCE, SUSA				
119 HOWES S PORT ORANG	T E, FL 32127 US			
The above name	d antitu automita this statement for the number	of changing its registered office or regis	tared agent or both in the State of E	1
	d entity submits this statement for the purpose	or changing its registered once of regis	lered agent, or both, in the State of F	iorida.
	E: SUSAN J. PIERCE	or changing its registered onice or regis	lered agent, or both, in the State of P	02/15/2017
			tereu agent, or bour, in the State of P	
SIGNATUR	E: SUSAN J. PIERCE		tereu agent, or bour, in the State of P	02/15/2017
SIGNATUR	E: SUSAN J. PIERCE Electronic Signature of Registered Ag		ST	02/15/2017
SIGNATUR	E: SUSAN J. PIERCE Electronic Signature of Registered Age	gent		02/15/2017
SIGNATURI Officer/Dire	E: SUSAN J. PIERCE Electronic Signature of Registered Age ctor Detail : PRESIDENT	gent Title	ST	02/15/2017
SIGNATUR Officer/Dire Title Name	E: SUSAN J. PIERCE Electronic Signature of Registered Age ctor Detail : PRESIDENT CHEVERIER, PATSY 119 HOWES ST	gent Title Name Address	ST PIERCE, SUSAN J	02/15/2017
SIGNATURI Officer/Dire Title Name Address	E: SUSAN J. PIERCE Electronic Signature of Registered Age ctor Detail : PRESIDENT CHEVERIER, PATSY 119 HOWES ST	gent Title Name Address	ST PIERCE, SUSAN J 119 HOWES ST	02/15/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: SUSAN J. PIERCE Electronic Signature of Registered Agenetic Sig	gent Title Name Address	ST PIERCE, SUSAN J 119 HOWES ST	02/15/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	E: SUSAN J. PIERCE Electronic Signature of Registered Age ctor Detail : PRESIDENT CHEVERIER, PATSY 119 HOWES ST PORT ORANGE FL 32127 VP	gent Title Name Address	ST PIERCE, SUSAN J 119 HOWES ST	02/15/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title Name Address	E: SUSAN J. PIERCE Electronic Signature of Registered Age ctor Detail : PRESIDENT CHEVERIER, PATSY 119 HOWES ST PORT ORANGE FL 32127 VP MCCARTHY, JAN	gent Title Name Address	ST PIERCE, SUSAN J 119 HOWES ST	02/15/2017

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: SUSAN PIERCE

Electronic Signature of Signing Officer/Director Detail

02/15/2017 Date

FILED Feb 15, 2017 **Secretary of State** CC9609296336

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900000929

Entity Name: AMERICAN LEGION AUXILIARY, WALT ZACK MEMORIAL UNIT 270 INC