

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002884

**Entity Name:** AMERICAN LEGION AUXILIARY, SARASOTA BAY UNIT 30, INC.

**Current Principal Place of Business:**

4015 N LOCKWOOD RIDGE RD  
SARASOTA, FL 34234

**Current Mailing Address:**

AMERICAN LEGION AUXILIARY UNIT #30  
P.O. BOX 51344  
SARASOTA, FL 34234 US

**FEI Number:** 59-6150998

**Certificate of Status Desired:** No

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

ST. ESPRIT, JUNITA J  
AMERICAN LEGION AUXILIARY UNIT #30  
P.O. BOX 51344  
SARASOTA, FL 34234 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:** JUNITA ST. ESPRIT

04/20/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER	Title	PRESIDENT
Name	ST. ESPRIT, JUNITA J	Name	MCCLANAHAN, EMILY
Address	AMERICAN LEGION AUXILIARY UNIT #30 PO BOX 51344	Address	AMERICAN LEGION AUXILIARY UNIT #30 P.O. BOX 51344
City-State-Zip:	SARASOTA FL 34234	City-State-Zip:	SARASOTA FL 34234
Title	SECRETARY	Title	VP
Name	HARPER, LISA	Name	HISSAM, TONYA
Address	AMERICAN LEGION AUXILIARY UNIT #30 P.O. BOX 51344	Address	AMERICAN LEGION AUXILIARY UNIT #30 P.O. BOX 51344
City-State-Zip:	SARASOTA FL 34234	City-State-Zip:	SARASOTA FL 34234

*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:** JUNITA J ST. ESPRIT

TREASURE

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date