P.O. BOX SARASOT	51344 A, FL 34234			
FEI Numb	er: 59-6150998		Certificate of Status Desired: No	
Name and	Address of Current Registered A	gent:		
BAILEY, SHE 3233 DANTE SARASOTA,				
The above nam	ned entity submits this statement for the purpose o	f changing its registered office or reg	gistered agent, or both, in the State of F	lorida.
The above nam		f changing its registered office or re	gistered agent, or both, in the State of F	lorida.
			gistered agent, or both, in the State of F	lorida. Date
SIGNATUF	RE:		gistered agent, or both, in the State of F	
SIGNATUF	RE: Electronic Signature of Registered Age		gistered agent, or both, in the State of F	
SIGNATUF Officer/Dir	RE: Electronic Signature of Registered Age	ent		

AMERICAN LEGION AUXILIARY UNIT #30 Ρ. SA

### FE

City-State-Zip: SARASOTA FL 34235

#### Ν

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. TREASURER

## SIGNATURE: LORI M. CALLAHAN

Electronic Signature of Signing Officer/Director Detail

# 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0900002884

4015 N LOCKWOOD RIDGE RD SARASOTA, FL 34234

**Current Mailing Address:** 

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

## **Current Principal Place of Business:**

FILED Apr 12, 2014 Secretary of State CC8532725735

Address 4952 SAN JOSE DRIVE City-State-Zip: SARASOTA FL 34235

04/12/2014

Date