

**2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10000002659

**Entity Name:** AMERICAN LEGION AUXILIARY, VETERANS MEMORIAL UNIT  
347, INC.

**Current Principal Place of Business:**

699 W LADY LAKE BLVD  
LADY LAKE, FL 32159

**Current Mailing Address:**

PO BOX 802  
LADY LAKE, FL 32158

**FEI Number: 59-3280794**

**Certificate of Status Desired: No**

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

SOVERN, RUTH  
355 CARRIAGE LANE  
LADY LAKE, FL 32159 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name SOVERN, RUTH E  
Address 355 CARRIAGE LN  
City-State-Zip: LADY LAKE FL 32159

Title TD  
Name COLLVER, RUTH  
Address 2424 CR 222  
City-State-Zip: WILDWOOD FL 34785-8697

Title VPD  
Name TROUT, CATHY R  
Address 605 SANDPIPER DR  
City-State-Zip: LEESBURG FL 34788-8986

Title SEC  
Name HEARLSON, PEGGY  
Address 14050 SE 53RD AVE  
City-State-Zip: SUMMERFIELD FL 34491-3121

*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: RUTH SOVERN**

**PD**

**07/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date