

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002659

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

**FILED**  
**Jan 17, 2017**  
**Secretary of State**  
**CC5596595260**

**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: Yes**

**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 LA NOCE, MARY E  
Address 710 E NORMAN ST  
City-State-Zip: LADY LAKE FL 32159

Title TD  
Name ADAMS, WENDY M  
Address 304 MARION OAKS CRSE  
City-State-Zip: OCALA FL 34473

Title VPD  
Name FLAKE, JEAN E  
Address 749 WINIFRED WAY  
City-State-Zip: THE VILLAGES FL 32162

Title SEC  
Name BARBAROTTA, LYNN L  
Address 933 ORCHID ST  
City-State-Zip: LADY LAKE FL 32159

*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: MARY LA NOCE**

**PRESIDENT**

**01/17/2017**

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

\_\_\_\_\_  
Date