Entity Name: AMERICAN LEGION AUXILIARY, SMITH-KELLY UNIT 1	00, INC. Secretary of State CC8461388950
Current Principal Place of Business: 3827 HWY 90 MARIANNA, FL 32448	
Current Mailing Address:	
P.O. BOX 1043 MARIANNA, FL 32447 US	
FEI Number: 45-0588297	Certificate of Status Desired: Yes
Name and Address of Current Registered Agent:	
AMERIC LEGION AUXILIARY SMITH KELLY UNIT 100	
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US	
3827 HWY 90 PO BOX 1043	gistered agent, or both, in the State of Florida.
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US	yistered agent, or both, in the State of Florida. 03/17/2015
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg	
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE: NELL R. CENTERS	03/17/2015
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE: <u>NELL R. CENTERS</u> Electronic Signature of Registered Agent	03/17/2015
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE: <u>NELL R. CENTERS</u> Electronic Signature of Registered Agent Officer/Director Detail :	03/17/2015 Date
3827 HWY 90 PO BOX 1043 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE: NELL R. CENTERS Electronic Signature of Registered Agent Officer/Director Detail : Title	03/17/2015 Date PRESIDENT
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE: NELL R. CENTERS Lectronic Signature of Registered Agent Officer/Director Detail : Title NELL R. Nitle Address 3827 HWY 90 Address	03/17/2015 Date PRESIDENT MABARDY, MARILYN 3827 HWY 90 P O BOX 1043
3827 HWY 90 PO BOX 1043 MARIANNA, FL 32447 US The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE: NELL R. CENTERS Electronic Signature of Registered Agent Officer/Director Detail : Title TREASURER Name CENTERS, NELL R. Address 3827 HWY 90 PO BOX 1043 Address	03/17/2015 Date PRESIDENT MABARDY, MARILYN 3827 HWY 90 P O BOX 1043

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004148

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: NELL R. CENTERS

3827 HWY 90 P O BOX 1043

City-State-Zip: MARIANNA FL 32448

Address

Electronic Signature of Signing Officer/Director Detail

TREASURER

03/17/2015 Date

FILED Mar 17, 2015