

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004148

**Entity Name:** AMERICAN LEGION AUXILIARY, SMITH-KELLY UNIT 100, INC.

**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: No**

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

AMERIC LEGION AUXILIARY SMITH KELLY UNIT 100  
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 registered agent, or both, in the State of Florida.*

**SIGNATURE: NELL R. CENTERS**

**04/01/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           NEAL, VERA . SR.  
Address        3827 HWY 90  
                  PO BOX 1043  
City-State-Zip: MARIANNA FL 32447

Title           PRESIDENT  
Name           JENKINS, VIVIAN SR.  
Address        3827 HWY 90  
City-State-Zip: MARIANNA FL 32448

Title           VP  
Name           CENTERS, NELL SR.  
Address        P.O. BOX 1043  
City-State-Zip: MARIANNA FL 32447

Title           SECRETARY  
Name           SULLIVAN, DORIS SR.  
Address        P.O. BOX 1043  
City-State-Zip: MARIANNA FL 32447

*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 CENTERS**

**VICE PRESIDENT**

**04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date