396 COGAN D PALM BAY, FL				
Current Ma	ling Address:			
396 COGAN PALM BAY,				
FEI Number: APPLIED FOR		Certificate of Status Desired: Yes		
Name and A	Address of Current Registered Agent:			
CLEGG, JANIC 2004 MUIRFIE PALM BAY, FL	_DWAY ST SE			
The above name	d entity submits this statement for the purpose of changing its regi	istered office or regis	tered agent, or both, in the State of I	Florida.
	d entity submits this statement for the purpose of changing its regi E: JANICE A CLEGG	istered office or regis	tered agent, or both, in the State of I	Florida. 02/01/2021
		istered office or regis	tered agent, or both, in the State of I	
SIGNATURI	E: JANICE A CLEGG	istered office or regis	tered agent, or both, in the State of I	02/01/2021
SIGNATURI	E: JANICE A CLEGG Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the State of I	02/01/2021
SIGNATURI Officer/Dire	E: JANICE A CLEGG Electronic Signature of Registered Agent ctor Detail :			02/01/2021
SIGNATURI Officer/Dire	E: JANICE A CLEGG Electronic Signature of Registered Agent Ctor Detail :	Title	т	02/01/2021
SIGNATURI Officer/Dire Title Name	E: JANICE A CLEGG Electronic Signature of Registered Agent Ctor Detail : P CLEGG, JANICE A 2004 MUIRFIELD WAY SE	Title Name	T MCGINNIS, JOANNE M 1633 WALDO ST. SE	02/01/2021
SIGNATURI Officer/Dire Title Name Address	E: JANICE A CLEGG Electronic Signature of Registered Agent Ctor Detail : P CLEGG, JANICE A 2004 MUIRFIELD WAY SE	Title Name Address	T MCGINNIS, JOANNE M 1633 WALDO ST. SE	02/01/2021
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: JANICE A CLEGG Electronic Signature of Registered Agent Ctor Detail : P CLEGG, JANICE A 2004 MUIRFIELD WAY SE PALM BAY FL 32909	Title Name Address	T MCGINNIS, JOANNE M 1633 WALDO ST. SE	02/01/2021

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: JOANNE MCGINNIS

City-State-Zip: PALM BAY FL 32908

Electronic Signature of Signing Officer/Director Detail

TREASURER

02/01/2021 Date

FILED Feb 01, 2021 **Secretary of State** 1062916398CC

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000005869

Entity Name: AMERICAN LEGION AUXILIARY, VETERANS OF AMERICA, UNIT 394, INC.

Current Principal Place of Business: