FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 10:41

DOCUMENT # 763303 (5)

1. Corporation Name

THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLO RIDA, INC.

Principal Place of Business	Mailing Address
1912 LEE ROAD ORLANDO FL 32810 US	P.O. BOX 547917 ORLANDO FL 32854-7917 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-0520130 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

MAHONEY, MARIE
1912 LEE RD.
ORLANDO FL 32810

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE MARCH 27 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	P/D	☒ Change ☐ Addition
NAME	ZELLER, ALMA L.	12 NAME	ELIZABETH PELUSO	
STREET ADDRESS	1895 N.E. 154TH TERRACE	13 STREET ADDRESS	340 PONTE VEDRA RD	
CITY-ST-ZIP	N. MIAMI BEACH FL	14 CITY-ST-ZIP	PALM SPRINGS FL 33461	
TITLE	D	21 TITLE	D	☒ Change ☐ Addition
NAME	NALLEY, MAE	22 NAME	ALMA L ZELLER	
STREET ADDRESS	235 LIME ROAD N.W.	23 STREET ADDRESS	1895 NE 154th TERRACE	
CITY-ST-ZIP	LAKE PLACID FL	24 CITY-ST-ZIP	NO MIAMI BEACH FL 33162	
TITLE	STD	31 TITLE	S/T/D	☒ Change ☐ Addition
NAME	MAHONEY, MARIE	32 NAME	MARIE MAHONEY	
STREET ADDRESS	1912 LEE RD.	33 STREET ADDRESS	1912A LEE ROAD	
CITY-ST-ZIP	LAKE PLACID FL	34 CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	VD	41 TITLE	V/D	☒ Change ☐ Addition
NAME	PELUSO, ELIZABETH	42 NAME	SHIRLEY FRASER	
STREET ADDRESS	340 PONTE VEDRA ROAD	43 STREET ADDRESS	2335 BAYVIEW RD	
CITY-ST-ZIP	PALM SPRINGS FL	44 CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MARIE MAHONEY Marie Mahoney 03/27/95 407-293-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034787