

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 763303 (5)**

1. Corporation Name

**THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**1912 LEE ROAD  
ORLANDO FL 32810  
US**

**P.O. BOX 547917  
ORLANDO FL 32854-7917  
US**



3. Date Incorporated or Qualified

**05/14/1982**

3a. Date of Last Report

**03/30/1995**

2. Principal Place of Business

2a. Mailing Address

**21 1912A LEE ROAD**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23 ORLANDO, FLORIDA**

**28**

Zip

**32810**

Country

**25 ORANGE**

Zip

Country

**24**

**29**

**30**

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAHONEY, MARIE**

**1912 LEE RD.**

**ORLANDO FL 32810**

**1912A LEE ROAD**

**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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title as provided

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **ELIZABETH PELUSO**  
STREET ADDRESS **340 PONTE VEDRA RD**  
CITY-ST-ZIP **PALM SPRINGS FL**

TITLE **D** ☒ DELETE  
NAME **ALMA L ZELLER**  
STREET ADDRESS **1895 NE 154TH TERRACE**  
CITY-ST-ZIP **NO MIAMI BCH FL**

TITLE **STD** ☐ DELETE  
NAME **MARIE MAHONEY**  
STREET ADDRESS **1912 LEE RD.**  
CITY-ST-ZIP **ORLANDO FL**

TITLE **VD** ☒ DELETE  
NAME **SHIRLEY FRASER**  
STREET ADDRESS **2335 BAYVIEW RD**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **SHIRLEY FRASER**  
1.3 STREET ADDRESS **2335 BAYVIEW ROAD**  
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32210**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **1912A LEE ROAD**  
3.4 CITY-ST-ZIP **ORLANDO FL 32810**

4.1 TITLE **VD** ☐ Change ☒ Addition  
4.2 NAME **PATRICIA M DONOHUE**  
4.3 STREET ADDRESS **1659 NE 23rd TERRACE**  
4.4 CITY-ST-ZIP **JENSEN BEACH FL 34957**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**MARIE MAHONEY, SECRETARY-TREASURER**

01/31/96  
Date

407-293-7411  
Daytime Phone #

CR2E037 (12/95)