

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90052 028 ****61.25

DOCUMENT # 763303

1. Corporation Name

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

Principal Place of Business

1912 A LEE RD
ORLANDO FL 32810
US

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

3. Date Incorporated or Qualified

05/14/1982

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

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 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
KERNAGHAN, ELEANORE
1299 SW IBIS DRIVE
PALM CITY FL 34990

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
MARIE MAHONEY
1912A LEE RD
ORLANDO FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VD
HEENAN, MARY M
1398 WHITE CEDAR LANE
NORTH FORT MYERS FL 33917

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PD

MARY M HEENAN

1398 WHITE CEDAR LANE

NORTH FORT MYERS FL 33917

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

VD

RUTH PROCTOR

8454 TANAKA DRIVE

ENGLEWOOD FL 34224

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VD

RUTH PROCTOR

8454 TANAKA DRIVE

ENGLEWOOD FL 34224

☒ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

VD

RUTH PROCTOR

8454 TANAKA DRIVE

ENGLEWOOD FL 34224

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

VD

RUTH PROCTOR

8454 TANAKA DRIVE

ENGLEWOOD FL 34224

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD

RUTH PROCTOR

8454 TANAKA DRIVE

ENGLEWOOD FL 34224

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: MARIE MAHONEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/16/99

Date

407-293-7411

Daytime Phone #

CR2E037 (1/1/98)

0018553