

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90006 040 ****61.25

DOCUMENT # 763303

1. Entity Name

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



Principal Place of Business

1912 A LEE RD
ORLANDO FL 32810
US

Mailing Address

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

54014861



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0520130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAHONEY, MARIE
1912 LEE RD.
ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RASH, DORIS
STREET ADDRESS 3024 MORNING GLORY DR.
CITY-ST-ZIP LAKE PLACID FL 33852

TITLE STD ☐ Delete
NAME MARIE MAHONEY
STREET ADDRESS 1912A LEE RD
CITY-ST-ZIP ORLANDO FL

TITLE VD ☐ Delete
NAME BARBER, BETTY Y
STREET ADDRESS 12 BASS CIR.
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME BETTY Y BARBER
STREET ADDRESS 12 BASS CIRCLE
CITY-ST-ZIP WINTER HAVEN FL 33852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☒ Change ☐ Addition
NAME MAUREEN COSTELLO
STREET ADDRESS 1464 SE 7th STREET
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 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

MARIE MAHONEY

03/01/04

407-293-7411

Date

Daytime Phone #