

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763303

FILED
Jan 09, 2007
Secretary of State

Entity Name: THE AMERICAN LEGION AUXILIARY, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

1912 A LEE RD
ORLANDO, FL 32810 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 547917
ORLANDO, FL 328547917 US

New Mailing Address:

FEI Number: 59-0520130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRIERE, ROBIN C
1912 A LEE RD.
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HERRINGTON, EDITH
Address: 5647 MULDOON ROAD
City-St-Zip: PENSACOLA, FL 32526

Title: STD () Delete
Name: BRIERE, ROBIN
Address: 1912 A LEE RD
City-St-Zip: ORLANDO, FL 32810

Title: VD () Delete
Name: MCKEON, LINDA
Address: 4983 SW LAKE GROVE CIRCLE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCKEON, LINDA
Address: 4983 SW LAKE GROVE CIRCLE
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: TEASLEY, LINDA
Address: 97 HARDEE STREET
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN C BRIERE

STD

01/09/2007

Electronic Signature of Signing Officer or Director

Date