

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763303

FILED
Jan 23, 2009
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: TEASLEY, LINDA
Address: 97 HARDEE ST
City-St-Zip: LABELLE, FL 33935

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

Title: VD () Delete
Name: COUGHLIN, KATHEE
Address: 2117 HARRIET DR
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COUGHLIN, KATHEE
Address: 2117 HARRIET DR
City-St-Zip: TALLAHASSEE, FL 32303

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

Title: VD (X) Change () Addition
Name: KELLY-PERKINS, MARY
Address: 12608 FAIRWAY AVE
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify 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

01/23/2009

Electronic Signature of Signing Officer or Director

Date