

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2004 8:00 am
Secretary of State

07-20-2004 90002 026 ****70.00

DOCUMENT # N03000010692 1. Entity Name JAMES W. MARTIN AMERICAN LEGION AUXILIARY, INC. UNIT 362					
Principal Place of Business 9851 THOMAS DRIVE UNIT 106 PANAMA CITY BEACH, FL 32407 US			Mailing Address 9851 THOMAS DRIVE UNIT 106 PANAMA CITY BEACH, FL 32407 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 57-1202047	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ULCHINSKY, GAIL M 316 JASE COURT PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name CLAUDIA C Griffiths Street Address (P.O. Box Number is Not Acceptable) 6607 LAZY ACRES ROAD PANAMA CITY BEACH, FL 32413		
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 <u><i>Claudia C Griffiths</i></u> CLAUDIA C. GRIFFITHS Pres 7-17-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME ULCHINSKY, GAIL M MRS. STREET ADDRESS 316 JASE COURT CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input checked="" type="checkbox"/> Delete		TITLE P NAME Claudia C Griffiths STREET ADDRESS 6607 LAZY ACRES ROAD CITY-ST-ZIP PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DAVINER, DEBBY A MRS. STREET ADDRESS 3911 VEGA ST. CITY-ST-ZIP PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HALE, SHERRY MRS. STREET ADDRESS 3010 LANNY LANE CITY-ST-ZIP PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete		TITLE V NAME Nancy Burgess STREET ADDRESS 9102 Dorothy Ferris Road CITY-ST-ZIP PANAMA CITY, FL 32409	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Claudia C Griffiths</i></u> CLAUDIA C Griffiths P 7-17-2004 850-235-0868 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					