


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # N05000004297 |  |
| 1. Entity Name COLUMBIA COUNTY AMERICAN LEGION AUXILIARY UNIT 57, INC. | |

| | |
|---|---|
| Principal Place of Business 2602 SW MAIN STREET LAKE CITY, FL 32025 | Mailing Address P.O. BOX 98 LAKE CITY, FL 32056-0098 US |
|---|---|



01112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|--|-------------------------------|
| 4. FEI Number 59-2320951 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent WEHRLI, IRMA 488 SE FAWN GLEN LAKE CITY, FL 32024 |
|--|

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RUSSELL, CHARLIS 203 SW SPARTAN LANE LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RIPPLE, JUDY 402 SW ANGELA TERRACE LAKE CITY, FL 32024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ADRIAN-MYERS, DORIS 246 NE RANFE ROAD LAKE CITY, FL 32055 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD ASH, FRANCES 152 SE DUSTIN TERRACE LAKE CITY, FL 32025 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODBREAD, ROSE MARIE CHAPLAI 170 SE ARAPAHOE LANE LAKE CITY, FL 32024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WEHRLI, IRMA 488 SW FAWN GLEN LAKE CITY, FL 32024 |

U00000596353
01/23/07-80076-003 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Irma Wehrli IRMA WEHRLI 1-11-07 3863976966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #