

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004297

FILED
Apr 17, 2008
Secretary of State

Entity Name: COLUMBIA COUNTY AMERICAN LEGION AUXILIARY UNIT 57, INC.

Current Principal Place of Business:

2602 SW MAIN STREET
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 98
LAKE CITY, FL 320560098 US

New Mailing Address:

FEI Number: 59-2320951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEHRLI, IRMA
488 SE FAWN GLEN
LAKE CITY, FL 32024 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: RUSSELL, CHARLIS
Address: 203 SW SPARTAN LANE
City-St-Zip: LAKE CITY, FL 32055

Title: VD () Delete
Name: RIPPLE, JUDY
Address: 402 SW ANGELA TERRACE
City-St-Zip: LAKE CITY, FL 32024

Title: SD () Delete
Name: ADRIAN-MYERS, DORIS
Address: 246 NE RANFE ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: TD () Delete
Name: ASH, FRANCES
Address: 152 SE DUSTIN TERRACE
City-St-Zip: LAKE CITY, FL 32025

Title: D () Delete
Name: GOODBREAD, ROSE MARIE CHAPLAI
Address: 170 SE ARAPAHOE LANE
City-St-Zip: LAKE CITY, FL 32024

Title: D () Delete
Name: WEHRLI, IRMA
Address: 488 SW FAWN GLEN
City-St-Zip: LAKE CITY, FL 32024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: IRMA WEHRLI

D

04/17/2008

Electronic Signature of Signing Officer or Director

Date