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:		New Principal Pla	New Principal Place of Business:	
MAIN STREE Y, FL 32025	Т			
Current Mailing Address:		New Mailing Add	ress:	
98 Y, FL 320560	1098 US			
: 59-2320951	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
d Address of	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
IRMA AWN GLEN Y, FL 32024	US			
e named entity e of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
RE:				
Electro	onic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
RUSSELL, CH 203 SW SPA	HARLIS RTAN LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
RIPPLE, JUD 402 SW ANG	Ý ELA TERRACE	Title: Name: Address: City-St-Zip:	() Change() Addition	
ADRIAN-MYE 246 NE RANF	RS, DORIS E ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
ASH, FRANCI 152 SE DUST	ES IN TERRACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
GOODBREAD 170 SE ARAF	O, ROSE MARIE CHAPLAI PAHOE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
		Title: Name: Address:	() Change () Addition	
	MAIN STREEY, FL 32025 Iailing Address 98 Y, FL 320560 : 59-2320951 I Address of IRMA AWN GLEN Y, FL 32024 e named entity e of Florida. RE: Electro S AND DIRE PD (RUSSELL, CH 203 SW SPAL LAKE CITY, F VD (RIPPLE, JUD 402 SW ANG LAKE CITY, F SD (ADRIAN-MYE 246 NE RANF LAKE CITY, F TD (ASH, FRANCI 152 SE DUST LAKE CITY, F D (GOODBREAD 170 SE ARAF LAKE CITY, F D (GOODBREAD 170 SE ARAF LAKE CITY, F	MAIN STREET Y, FL 32025 Pailing Address: 98 Y, FL 320560098 US 1: 59-2320951 FEI Number Applied For () 1: Address of Current Registered Agent: IRMA AWN GLEN Y, FL 32024 US 1: Electronic Signature of Registered Age S AND DIRECTORS: PD () Delete RUSSELL, CHARLIS 203 SW SPARTAN LANE LAKE CITY, FL 32055 VD () Delete RIPPLE, JUDY 402 SW ANGELA TERRACE LAKE CITY, FL 32024 SD () Delete ADRIAN-MYERS, DORIS 246 NE RANFE ROAD LAKE CITY, FL 32055 TD () Delete ASH, FRANCES 152 SE DUSTIN TERRACE LAKE CITY, FL 32025 D () Delete GOODBREAD, ROSE MARIE CHAPLAI 170 SE ARAPAHOE LANE LAKE CITY, FL 32024	MAIN STREET Y, FL 32025 Railing Address: New Mailing Addi 98 Y, FL 320560098 US Separate Applied For () Address of Current Registered Agent: RMA RWN GLEN Y, FL 32024 US Pamed entity submits this statement for the purpose of changing its regist e of Florida. RE: Electronic Signature of Registered Agent SAND DIRECTORS: PD () Delete RUSSELL, CHARLIS 203 SW SPARTAN LANE LAKE CITY, FL 32055 VD () Delete RIPPLE, JUDY A02 SW ANGELA TERRACE LAKE CITY, FL 32024 SD () Delete ADRIAN-MYERS, DORIS 246 NE RANFE ROAD LAKE CITY, FL 32055 TD () Delete ADRIAN-MYERS, DORIS 246 NE RANFE ROAD LAKE CITY, FL 32055 TD () Delete ASH, FRANCES 152 SE DUSTIN TERRACE LAKE CITY, FL 32025 D () Delete ASH, FRANCES LAKE CITY, FL 32025 City-St-Zip: TD () Delete ASH, FRANCES LAKE CITY, FL 32025 City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: City-St-Zip: City-St-Zip: Title: City-St-Zip: City-St-Zip: Title: City-St-Zip: City	

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