2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004297

FILED Apr 18, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2602 SW MAIN STREET 2602 SW MAIN BLVD LAKE CITY, FL 32025 LAKE CITY, FL 32025 **Current Mailing Address: New Mailing Address:** P.O. BOX 98 LAKE CITY, FL 320560098 US FEI Number: 59-2320951 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WEHRLI, IRMA 488 SE FAWN GLEN LAKE CITY, FL 32024 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition RUSSELL, CHARLIS DAVIS, JAN Name: Name: 203 SW SPARTAN LANE Address: D160 NW KENSINGTON LANE Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: LAKE CITY, FL 32055 Title: VD Title: (X) Change () Addition () Delete RIPPLE, JUDY Name: RIPPLE, JUDY Name: Address: 402 SW ANGELA TERRACE Address: 402 SW ANGELA TERRACE City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32024 Title: () Delete Title: S/D (X) Change () Addition ADRIAN-MYERS, DORIS MCDIARMID, BRENDA Name: Name: 246 NE RANFE ROAD 334 SW ELM CHURCH ROAD Address: Address: City-St-Zip: LAKE CITY, FL 32055 City-St-Zip: FTWHITE, FL 32038 Title: TD () Delete Title: T/D (X) Change () Addition ASH, FRANCES Name: ASH, FRANCES Name: 152 SE DUSTIN TERRACE 152 SE DUSTIN TERRACE Address: Address: City-St-Zip: LAKE CITY, FL 32025 City-St-Zip: LAKE CITY, FL 32025 Title: () Delete Title: (X) Change () Addition GOODBREAD, ROSE MARIE CHAPLAI RUSSELL, CHARLIS Name: Name: 170 SE ARAPAHOE LANE 203 SW SPARTAN LANE Address: Address: City-St-Zip: LAKE CITY, FL 32024 City-St-Zip: LAKE CITY, FL 32025 Title: () Delete Title: () Change () Addition WEHRLI, IRMA Name: Name: Address: 488 SW FAWN GLEN Address: LAKE CITY, FL 32024 City-St-Zip: 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 04/18/2009