

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008512

FILED
Feb 06, 2007
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY BELLEVIEW UNIT 284 INC

Current Principal Place of Business:

5512 SE 109TH STREET
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2456
BELLEVIEW, FL 34421

New Mailing Address:

FEI Number: 59-2367184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBIER, TERRI
9231 SE 120TH LOOP
SUMMERFIELD, FL 34491 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: P () Delete
Name: BARBIER, TERRI
Address: P.O. BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

Title: S () Delete
Name: MCLAUGHLIN, RITA
Address: P.O. BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

Title: T () Delete
Name: SIZEMORE, JOYCE
Address: P.O. BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

Title: VP () Delete
Name: HEARLSON, PEGGY
Address: P.O. BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TERRI BARBIER

P

02/06/2007

Electronic Signature of Signing Officer or Director

Date