

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008512

FILED
Apr 02, 2009
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY BELLEVIEW UNIT 284 INC

Current Principal Place of Business:

5515 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:

HEARLSON, PEGGY
14050 SE 53RD AVE
SUMMERFIELD, FL 34491 US

Name and Address of New Registered Agent:

SIZEMORE, JOYCE A
2950 NE 52ND CT.
J55
SILVER SPRINGS, FL 34488 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: JOYCE A. SIZEMORE

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: JEFFERS, FRANCINE
Address: P.O. BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

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

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

Title: V. P (X) Change () Addition
Name: DEAL, JOANNE
Address: P.O. BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

Title: DIRE () Change (X) Addition
Name: PEGGY, HEARLSON
Address: P>O> BOX 2456
City-St-Zip: BELLEVIEW, FL 34421

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: JOYCE A. SIZEMORE

TRES

04/02/2009

Electronic Signature of Signing Officer or Director

Date