

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008698

FILED
Apr 09, 2009
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY LAKESHORE UNIT 137, INC

Current Principal Place of Business:

5443 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5443 SAN JUAN AVE.
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3279474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEST, GERALDINE M
8531 STAR LEAF RD. N
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

LEE, ANITA
3339 CLAREMONT RD.
JACKSONVILLE, FL 32207 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: ANITA LEE

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEST, GERALDINE M
Address: 8531 STAR LEAF RD. N.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: KELLEY, JO A
Address: 5455 ROYCE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: TR () Delete
Name: GRIFFIN, BETTY M
Address: 4749 ANDROMEDA RD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEE, ANITA
Address: 3339 CLAREMONT RD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP (X) Change () Addition
Name: WEST, GERALDINE M
Address: 8531 STAR LEAF RD. N>
City-St-Zip: JACKSONVILLE, FL 32210

Title: SEC (X) Change () Addition
Name: GARLAND, ROBERTA
Address: 7221 GLENDYNE DR. N.
City-St-Zip: JACKSONVILLE, FL 32216

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: ANITA LEE

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date