

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010827

FILED
Apr 23, 2008
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY UNIT 163, INC.

Current Principal Place of Business:

1795 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Principal Place of Business:

P. O. BOX 361487
MELBOURNE, FL 32936 US

Current Mailing Address:

1795 N. HARBOR CITY BLVD.
MELBOURNE, FL 32935

New Mailing Address:

P. O. BOX 361487
MELBOURNE, FL 32936 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEES, PAULINE
587 THOMAS BARBOUR DRIVE
MELBOURNE, FL 32935 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: WALSH, DOROTHY R
Address: 2610 MOTT CREEK COURT
City-St-Zip: MELBOURNE, FL 32935

Title: T () Delete
Name: NEES, PAULINE
Address: 587 THOMAS BARBOUR DRIVE
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DOROTHY R. WALSH

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date