


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 09, 2006 8:00 am
Secretary of State

05-01-2006 90316 019 ****61.25

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DOCUMENT # N05000012884			
1. Entity Name AMERICAN LEGION AUXILIARY SPRING HILL UNIT 186, INC.			
Principal Place of Business 12091 CORTEZ BLVD BROOKSVILLE FL 34613-7350		Mailing Address 12091 CORTEZ BLVD BROOKSVILLE FL 34613-7350	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SINA, NANCY 12169 GENTER DR SPRING HILL FL 34609-5644		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registration agent and title, if applicable (NOTE: Registered Agent signature required when re-appointing)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, ELIZABETH	NAME	
STREET ADDRESS	8025 SIMMONS ST	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
TITLE	1VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWEY, TERRY	NAME	
STREET ADDRESS	12420 CONDE DR	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
TITLE	2VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAJCHERT, MARYANN	NAME	
STREET ADDRESS	8465 HIGHPOINT BLVD	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORING, ANNA	NAME	
STREET ADDRESS	11029 CALICO WARBLER AVE	STREET ADDRESS	
CITY-ST-ZIP	WEEKI WACHEE FL 34613	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINA, NANCY	NAME	
STREET ADDRESS	12169 GENTER DR	STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCUTCHEON, JUDY	NAME	
STREET ADDRESS	11522 FAIRWAY AVE	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL 34613	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Nancy Sina</i>		NANCY SINA 04/20/06 352-686-0459	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	



1st MOORE CR2E037 (10/05)

4. FEI Number **51-0568184** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required