


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90033 022 ****61.25

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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
51-0568184

Applied For
 Not Applicable

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

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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 checked="" type="checkbox"/> Delete	TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CORBIN, ELIZABETH		NAME *Dewey, Terry A.	
STREET ADDRESS 8025 SIMMONS ST		STREET ADDRESS 12420 Conde Dr.	
CITY-ST-ZIP BROOKSVILLE, FL 34613		CITY-ST-ZIP Brooksville FL 34613	
TITLE 1VPD	<input checked="" type="checkbox"/> Delete	TITLE 1VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEWEY, TERRY		NAME *Thibert, Carol	
STREET ADDRESS 12420 CONDE DR		STREET ADDRESS 12408 Kanawha Dr.	
CITY-ST-ZIP BROOKSVILLE, FL 34613		CITY-ST-ZIP Brooksville FL 34614	
TITLE 2VPD	<input checked="" type="checkbox"/> Delete	TITLE 2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SLAJCHERT, MARYANN		NAME *Hernandez, Margaret	
STREET ADDRESS 8465 HIGHPOINT BLVD		STREET ADDRESS 11319 Rainbow Woods I.p.	
CITY-ST-ZIP BROOKSVILLE, FL 34613		CITY-ST-ZIP Spring Hill FL 34609	
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 Chapter 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: Nancy A.R. Sina **NANCY A.R. SINA** 01/29/07 352-686-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #