

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006068		
1. Entity Name AMERICAN LEGION AUXILIARY DUNEDIN MEMORIAL UNIT 275, INC.		
Principal Place of Business 360 WILSON STREET DUNEDIN, FL 34698	Mailing Address 360 WILSON STREET DUNEDIN, FL 34698	



05022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4989615	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DAFONTE, RICHARD J
13191 STARKEY ROAD
UNIT 11
LARGO, FL 33773**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000947-20
06/02/08-80007-016 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECRAFT, KELLI 342 S. BUENA VISTA DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ELLEN 1750 PINEHURST RD DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INGRAM, KATHARINE 1438 SANTA ANNA DRIVE DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Ellen Brown **4-29-08** **727-733-8153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #