

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008740

FILED
Apr 23, 2009
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY, ANMCGAF, UNIT 383, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

1297 NE 82ND AVE
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

PO BOX 1363
OLD TOWN, FL 32680 US

New Mailing Address:

FEI Number: 26-1516173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOD, BARBARA
6900 SE 60TH ST
TRENTON, FL 32693 US

Name and Address of New Registered Agent:

CHRISTIANS, MARY V
115 NE 112 AVENUE
OLD TOWN, FL 32680 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: MARY V. CHRISTIANS

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WELKIE, LILLIAN
Address: 174 NE 481ST AVE
City-St-Zip: OLD TOWN, FL 32680

Title: V () Delete
Name: CALLAHAN, LORI
Address: PO BOX 44
City-St-Zip: OLD TOWN, FL 32680

Title: S () Delete
Name: WOOD, BARBARA
Address: 6900 SE 60TH ST
City-St-Zip: TRENTON, FL 32693

Title: T () Delete
Name: SIMPSON, DORIS
Address: 577 NE 212TH AVE
City-St-Zip: OLD TOWN, FL 32680

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: WILLIAMS, DONNA
Address: P.O.BOX 423
City-St-Zip: OLD TOWN, FL 32693

Title: T (X) Change () Addition
Name: LANCASTER, RUTH
Address: 484 NE 355 AVE (PO582)
City-St-Zip: OLD TOWN, FL 32680

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: LILLIAN WELKIE

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date