## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000008740

FILED Feb 20, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1297 NE 82ND AVE OLD TOWN, FL 32680

Current Mailing Address: New Mailing Address:

PO BOX 1363

OLD TOWN, FL 32680 US

FEI Number: 26-1516173 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

US

Title: PRES

Name: PORTER, ARDITH
Address: 4231 NE 157 STREET
City-St-Zip: CHIEFLND, FL 32626

Title: 1STV

Name: MCCRACKEN, TOMMY

Address: 2091 SE 349

City-St-Zip: OLD TOWN, FL 32680

Title: S

Name: PETERSEN, SHARON J Address: P.O.BOX 1471 City-St-Zip: CROSS CITY, FL 32628

City-St-Zip. CROSS CTT, FL 32020

Title:

Name: CHRISTIANS, MARY V Address: 115 NE 112 AVENUE City-St-Zip: OLD TOWN, FL 32680

Title: 2NDV

 Name:
 WICKARD, BETTY

 Address:
 740 NE 808 STREET

 City-St-Zip:
 OLD TOWN, FL 32680 US

Title: CHAF

 Name:
 NEWMAN, SHIRLEY

 Address:
 POST OFFICE BOX 1560

 City-St-Zip:
 CROSS CITY, FL 32628 US

I hereby 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 all other like empowered.

SIGNATURE: ARDITH PORTER PRES 02/20/2010