

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 07, 2011
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: 56-2515519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

Title: 1STV
Name: WICKARD, BETTY
Address: 740 NE 808 STREET
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

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

Title: 2NDV
Name: HARRIS, LINDA
Address: P. O. BOX 382
City-St-Zip: OLD TOWN,, FL 32680 US

Title: CHAP
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: MARY V. CHRISTIANS

TREA

01/07/2011

Electronic Signature of Signing Officer or Director

Date