

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011356

FILED
Jan 13, 2011
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY, RALPH W. SPARKS UNIT 336, INC.

Current Principal Place of Business:

5770 BAYSHORE RD.
C/O RALPH W. SPARKS
N. FT. MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

5770 BAYSHORE RD.
C/O RALPH W. SPARKS
N. FT. MYERS, FL 33917

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LOCKE, MARY LOU
5770 BAYSHORE RD.
N. FT. MYERS, FL 33917 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: P
Name: STOUGHTON, NINA
Address: 1925 SE 8 ST.
City-St-Zip: CAPE CORAL, FL 33990

Title: V
Name: SIMS, DEE
Address: 15361 RIVER VISTA DR., #1002
City-St-Zip: N FT. MYERS, FL 33901

Title: V
Name: TRESEL, CHRISTINE
Address: 15913 SANDY POINT DR.
City-St-Zip: N. FT. MYERS, FL 33917

Title: T
Name: KADEN, BARBARA
Address: 1925 SE 8 ST
City-St-Zip: CAPE CORAL, FL 33990

Title: S
Name: RISNER, MARY
Address: 8301 RICH RD.
City-St-Zip: N. FT. MYERS, FL 33917

Title: S
Name: LOCKE, MARY LOU
Address: 2140 COTTAGE ST., #207
City-St-Zip: FT. MYERS, FL 33912

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 LOU LOCKE

SEC

01/13/2011

Electronic Signature of Signing Officer or Director

Date