


FILED
Jun 10, 2008 8:00 am
Secretary of State

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

05-01-2008 90246 028 ****61.25

DOCUMENT # N07000012108			
1. Entity Name AMERICAN LEGION AUXILIARY RABE O. WILKISON UNIT 38, INC.			
Principal Place of Business C/O RABE O. WILKISON AMERICAN LEG. POST 38 1857 JACKSON STREET FT MYERS, FL 33901		Mailing Address C/O RABE O. WILKISON AMERICAN LEG. POST 38 1857 JACKSON STREET FT MYERS, FL 33901	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P O BOX 4057	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N FT MYERS FL	
Zip		Zip 33918	
Country		Country USA	
4. FEI Number 59-6137069		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CARPENTER, MICHELE C/O RABE O. WILKISON AMERICAN LEG. POST 38 1857 JACKSON STREET FT MYERS, FL 33901		7. Name and Address of New Registered Agent Name MARGARET JANI Street Address (P.O. Box Number is Not Acceptable) % RABE O WILKISON AMERICAN LEGION Post 38 1857 Jackson St City FORT MYERS FL Zip Code 33901	
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 <u>Margaret Jani President</u> <small>Signature, legal or printed name of registered agent and title if applicable.</small>		<u>Margaret Jani</u> <small>(NOTE: Registered Agent signature required when necessary)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOOLEY, DONNA 504 AVANTI WAY BLVD N FORT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARGARET JANI 1062 KINDLY RD N FT MYERS FL 33903 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD GAIDE, KIM 1778 WOODLAWN AVE FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VPD MARY HEENAN 1395 WHITE CEDAR LN N FT MYERS FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD JANI, MARGARET 1062 KINDLY RD N FT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD KIMBERLY GAIDE 1775 WOODLAWN AV FORT MYERS FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARPENTER, MICHELE 15538 ORANGEADE DR PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLARKE, DOT C/O M JANI 1062 KINDLY RD N FT MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARY ANN FLUMMER 2140 COTTAGE ST # 10A FORT MYERS FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECK, SANDIE H 10040 BAYSHORE RD N FT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONNA DOOLEY 504 AVANTI WAY N FT MYERS FL 33917 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Margaret Jani</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>Margaret Jani President</u> <small>Date</small>	
		4-28-08 <small>Daytime Phone #</small> 239-438-6867	

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04242008 Chg-NP CR2E037 (12/06)