2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012108

FILED Jun 03, 2009 Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY RABE O. WILKISON UNIT 38, INC.

Current Principal Place of Business: New Principal Place of Business: C/O RABE O WILKISON AMERICAN LEG POST 38 1857 JACKSON STREET FT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** PO BOX 4057 NORTH FORT MYERS, FL 33918 FFI Number: 59-6150997 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JANI, MARGARET C/O RABE O WILKINSON AMERICAN LEG. POST 38 1857 JACKSON STREET FT MYERS, FL 33901 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DOOLEY, DONNA GAIDE, KIMBERLEY Name: Name: 504 AVANTI WAY BLVD Address: 1778 WOODLAWN AVE Address: City-St-Zip: N FORT MYERS, FL 33917 City-St-Zip: FORT MYERS, FL 33901 Title: 2VPD () Delete Title: 1VPD (X) Change () Addition GAIDE, KIM Name: HEENAN, MARY Name: Address: 1778 WOODLAWN AVE Address: 1398 WHITE CEDAR DR City-St-Zip: FT MYERS, FL 33901 City-St-Zip: N FT MYERS, FL 33917 Title: PD () Delete Title: 2VPD (X) Change () Addition JANI, MARGARET JONES, PATRICIA Name: Name: 13300 CORBEL CIR Address: 1062 KINDLY RD Address: #2314 City-St-Zip: N FT MYERS, FL 33903 City-St-Zip: FT MYERS, FL 33907 Title: TD () Delete Title: () Change () Addition Name: CARPENTER, MICHELE Name: 15536 ORANGEADE DR Address: Address: City-St-Zip: PUNTA GORDA, FL 33955 City-St-Zip: Title: HD 1VD () Delete Title: (X) Change () Addition HEENAN, MARY JANI, MARGARET Name: Name: 1398 WHITE CEDAR LN 1062 KINDLY RD Address: Address: NORTH FORT MYERS, FL 33917 City-St-Zip: City-St-Zip: N FORT MYERS, FL 33903 Title: (X) Delete Title: () Change () Addition FLUMMER, MARY ANN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: MIHELE CARPENTER TD 06/03/2009

Address:

City-St-Zip:

2140 COTTAGE ST #109

FORT MYERS, FL 33901