

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012108

FILED
Jan 07, 2012
Secretary of State

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

Current Principal Place of Business:

C/O RABE O WILKISON AMERICAN LEG POST 38
1857 JACKSON STREET
FT MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

PO BOX 4057
NORTH FORT MYERS, FL 33918

New Mailing Address:

FEI Number: 59-6150997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JANI, MARGARET
C/O RABE O WILKINSON AMERICAN LEG. POST 38
1857 JACKSON STREET
FT MYERS, FL 33901 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: PD
Name: DOOLEY, DONNA
Address: 2009 N E 44TH TERR
City-St-Zip: CAPE CORAL, FL 33909

Title: 1VPD
Name: HEENAN, MARY
Address: 1398 WHITE CEDAR DR
City-St-Zip: N FT MYERS, FL 33917

Title: 2VPD
Name: JONES, PATRICIA
Address: 13300 CORBEL CIR #2314
City-St-Zip: FORT MYERS, FL 33907

Title: TD
Name: CARPENTER, MICHELE
Address: 15536 ORANGEADE DR
City-St-Zip: PUNTA GORDA, FL 33955

Title: HD
Name: ECK, SANDRA
Address: 10040 BAYSHORE RD
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: CD
Name: MARGARET, JANI
Address: 1062 KINDLY RD
City-St-Zip: NORTH FORT MYERS, FL 33903

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: MARGARET G JANI

CD

01/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date