2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08000000246

Entity Name: AMERICAN LEGION AUXILIARY, UNIT 110, INC

FILED Oct 16, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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3250 HARBOR BLVD PORT CHARLOTTE, FL 33952

Current Mailing Address: New Mailing Address:

3250 HARBOR BLVD PORT CHARLOTTE, FL 33952

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

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:

ABRAMS, ELIZABETH CHERRY, THERESA 27566 TIERRA DEL FUEGO CIRCLE 2475 STARLITE LANE

PONTA GORDA, FL 33983 US PORT CHARLOTTE, FL 33952 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: THERESA CHERRY 10/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name:ABRAMS, ELIZABETHName:CHERRY, THERESAAddress:27566 TIERRADER FUEGO CIRAddress:2475 STARLITE LANECity-St-Zip:PONTA GORDA, FL 33983City-St-Zip:PORT CHARLOTTE, FL 33952

Title: VP () Delete Title: VP (X) Change () Adv

Title: VP () Delete Title: VP (X) Change () Addition Name: ERISMAN, BERTHA Name: ABRAHMS, ELIZABETH

Address: 761 RIVERA LANE Address: 27566 TIERRA DEL FUEGO CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948 City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete Title: T (X) Change () Addition Name: PAUL, BOBBIE Name: FRANK, BARBARA

Address: 5701 ESPINOLA AVE Address: 119 REVERE STREET
City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S () Delete Title: () Change () Addition

 Name:
 FRANK, BARBARA
 Name:

 Address:
 119 REVERE ST
 Address:

 City-St-Zip:
 PORT CHARLOTTE, FL 33952
 City-St-Zip:

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.

SIGNATURE: THERESA CHERRY PRES 10/16/2009