

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000246

FILED  
Apr 27, 2011  
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY, UNIT 110, INC

## Current Principal Place of Business:

3250 HARBOR BLVD  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

3152 HARBOR BLVD  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

3250 HARBOR BLVD  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

3152 HARBOR BLVD  
PORT CHARLOTTE, FL 33952

FEI Number: 33-1186372

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CHERRY, THERESA  
2475 STARLITE LANE  
PORT CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

MARY J., TEPIK  
1337 YORKSHIRE ST  
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: MARY J. TEPIK

04/27/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: MARY J, TEPIK  
Address: 1337 YORKSHIRE ST.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP  
Name: GAIL, DANIELS  
Address: 2300 AARON ST APT 201  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T  
Name: FRANK, BARBARA  
Address: 119 REVERE STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S  
Name: FRANK, BARBARA  
Address: 119 REVERE ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

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 J. TEPIK

P

04/27/2011

Electronic Signature of Signing Officer or Director

Date