2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N08000002010

Entity Name: HERBERT SURBER AMERICAN LEGION AUXILIARY, UNIT 225, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

8191 S FLORIDA AVENUE
FLORA CITY, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 732
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: 87-0802693 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIELS, LINDA
10155 E DOLLAROSA CT.
FLORA CITY, FL 34436 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:	P	( ) Delete
Name:	TERRIAN, MARY ANN	
Address:	P.O. BOX 152	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	V	( ) Delete
Name:	DUNLAP, BARBARA	
Address:	10501 E NUCK LANE	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	T	( ) Delete
Name:	DANIELS, LINDA	
Address:	10155 E DOLLAROSA CT.	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	D	( ) Delete
Name:	COLBATH, BERNICE HISTORI	
Address:	8500 E KEATING PARK ST.	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	D	( ) Delete
Name:	FAIR, THAYRE CHAPLAI	
Address:	10795 S JENCOLE TR.	
City-St-Zip:	FLORAL CITY, FL 34436	
Title:	S	( ) Delete
Name:	DANIELS, LINDA	
Address:	10155 E DOLLAROSA CT.	
City-St-Zip:	FLORAL CITY, FL 34436	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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: LINDA DANIELS S 03/24/2009

Electronic Signature of Signing Officer or Director — Date