

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003694

FILED
Mar 06, 2009
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY UNIT 91 INC.

Current Principal Place of Business:

4200 S. HWY. 129
BELL, FL 32619

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1135
TRENTON, FL 32693

New Mailing Address:

FEI Number: 83-0429600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, DEBRA A
6429 NW 10TH ST.
BELL, FL 32619 US

Name and Address of New Registered Agent:

STROUPE, MIRIAM M
10150 NE 35TH STREET
BRONSON, FL 32621 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: MIRIAM M STROUPE

03/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, DEBRA A
Address: 6429 NW 10TH ST.
City-St-Zip: BELL, FL 32619

Title: TD () Delete
Name: STROUPE, MIRIAM M
Address: 10150 NE 35TH ST.
City-St-Zip: BRONSON, FL 32621

Title: CD () Delete
Name: EVERETT, MILDRED
Address: P. O. BOX 656
City-St-Zip: TRENTON, FL 32693

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STROUPE, MIRIAM M
Address: 10150 NE 35TH STREET
City-St-Zip: BRONSON, FL 32621

Title: S (X) Change () Addition
Name: PATULSKI, EDYE
Address: 709 NE 2ND AVE
City-St-Zip: TRENTON, FL 32693

Title: C (X) Change () Addition
Name: EVERETT, MILDRED
Address: P. O. BOX 656
City-St-Zip: TRENTON, FL 32693

Title: SD () Change (X) Addition
Name: MINTON, BARBARA
Address: 3969 SW 56TH TRAIL
City-St-Zip: TRENTON, FL 32693

Title: TD () Change (X) Addition
Name: HIESE, FRANCES
Address: 5457 SW 40TH ST
City-St-Zip: BELL, FL 32619

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: MIRIAM M STROUPE

PRES

03/06/2009

Electronic Signature of Signing Officer or Director

Date