

# 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