2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N08000005514

Entity Name: AMERICAN LEGION AUXILIARY UNIT 155, INC.

Current Principal Place of Business:

6585 W. GULF TO LAKE HWY.
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 388
CRYSTAL RIVER, FL 344230388

New Mailing Address:

FEI Number: 59-2991391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHITE, SANDRA W
3519 W. HOLIDAY DR.
CRYSTAL RIVER, FL 344287905 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:	PD	( ) Delete
Name:	WHITE, SANDRA W	
Address:	3519 N. HOLIDAY DR.	
City-St-Zip:	CRYSTAL RIVER, FL 344287905	
Title:	VD	( ) Delete
Name:	LOGAN, BARBARA	
Address:	8121 W. JUSTIN LANE	
City-St-Zip:	CRYSTAL RIVER, FL 344287173	
Title:	S	( ) Delete
Name:	PINK, MARIE	
Address:	6153 W. PINE CIR.	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	T	( ) Delete
Name:	KAISERIAN, CAROL	
Address:	365 W. OLYMPIA ST.	
City-St-Zip:	HERNANDO, FL 34442	
Title:	C	( ) Delete
Name:	HAIR, JOHNNIE	
Address:	5730 W. PAUL BRYANT DR.	
City-St-Zip:	CRYSTAL RIVER, FL 34429	
Title:	D	( ) Delete
Name:	BARTALIS, JUDI	
Address:	5548 W. KINGSWAY CT.	
City-St-Zip:	HOMOSASSA, FL 344462825	

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: CAROL KAISERIAN T 03/28/2009
Electronic Signature of Signing Officer or Director — Date