

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008816

FILED
Mar 03, 2009
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY TURNER BRANDON UNIT 7, INC.

Current Principal Place of Business:

1760 TURNER STREET
CLEARWATER, FL 337566247

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4308
CLEARWATER, FL 337584308

New Mailing Address:

FEI Number: 59-6132557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETTIBONE, GEORGIA N
3160 CHAMBLEE LANE
CLEARWATER, FL 337593707 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: MADRIGALE, NIN
Address: 1655 S. HIGHALDN AVE. #176
City-St-Zip: CLEARWATER, FL 33756

Title: S () Delete
Name: CROCKETT, MARJORIE
Address: 7001 142ND AVE. LOT 282
City-St-Zip: LARGO, FL 33771

Title: T () Delete
Name: PETTIBONE, GEORGIA
Address: 3160 CHAMBLEE LANE
City-St-Zip: CLEARWATER, FL 33759

Title: D () Delete
Name: MASON, MILDRED
Address: 107 N. SATURN AVE.
City-St-Zip: CLEARWATER, FL 33755

Title: D () Delete
Name: SHAYNAK, IVA
Address: 2429 SUMMERLIN DR.
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MADRIGALE, NIN
Address: 1655 S. HIGHLAND AVE. #176
City-St-Zip: CLEARWATER, FL 33756

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: D (X) Change () Addition
Name: SHAYNAK, ILVA
Address: 2429 SUMMERLIN DR.
City-St-Zip: CLEARWATER, FL 33764

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: GEORGIA N. PETTIBONE

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date