

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008895

FILED
Sep 01, 2009
Secretary of State

Entity Name: AMERICAN LEGION AUXILIARY NEWBERRY UNIT 149, INC

Current Principal Place of Business:

26821 W NEWBERRY ROAD
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1613
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 80-0263436 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MESSER, CONSTANCE
27913 SW 114TH PL
NEWBERRY, FL 32669 US

Name and Address of New Registered Agent:

HUGHES, CHARLENE D
8939 SE 71ST. STREET
NEWBERRY, FL 32669 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: CHARLENE D. HUGHES

09/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CANNON, JENNIFER
Address: P.O. BOX 1772
City-St-Zip: NEWBERRY, FL 32669

Title: VP () Delete
Name: MESSER, CONSTANCE
Address: 27913 SW 114TH PL
City-St-Zip: NEWBERRY, FL 32669

Title: VP () Delete
Name: LAIRD, WANDA
Address: P.O. BOX 194
City-St-Zip: NEWBERRY, FL 32669

Title: ST () Delete
Name: HUGHES, CHARLENE
Address: 8939 SE 71ST ST
City-St-Zip: NEWBERRY, FL 32669

Title: D (X) Delete
Name: HUGHES, DEBRA L
Address: 25918 SW 46TH AVE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CANNON, JENNIFER L
Address: P.O. BOX 1772
City-St-Zip: NEWBERRY, FL 32669

Title: VP (X) Change () Addition
Name: LAIRD, WANDA G
Address: P.O. BOX 194
City-St-Zip: NEWBERRY, FL 32669

Title: ST (X) Change () Addition
Name: HUGHES, CHARLENE D
Address: 8939 SE 71ST STREET
City-St-Zip: NEWBERRY, FL 32669

Title: CHAP (X) Change () Addition
Name: SABO, FRANCES L
Address: 829 NW 124TH DRIVE
City-St-Zip: NEWBERRY, FL 32669

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: JENNIFER L. CANNON

PRES

09/01/2009

Electronic Signature of Signing Officer or Director

Date