2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009918

FILED Mar 13, 2009 Secretary of State

Entity Name: AMERICAN LEGION AUXILARY NORTH TAMPA UNIT 334, INC.

Current Principal Place of Business: New Principal Place of Business:

929 EAST 139TH AVENUE TAMPA, FL 33613

Current Mailing Address: New Mailing Address:

PO BOX 17427 TAMPA, FL 336827427

FEI Number: 31-0939166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURCHETT, SANDRA BURCHETT, SANDRA C
7301 LAKESHORE DRIVE 7301 LAKESHORE DRIVE
TAMPA, FL 33604 US TAMPA, FL 33604 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: SANDRA C BURCHETT 03/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Jame: OUTCALT, DONNA M

Name: OUTCALT, DONNA M

 Name:
 OUTCALT, DONNA
 Name:
 OUTCALT, DONNA N.

 Address:
 7409 DELEVIL AVE.
 Address:
 7409 DELEUIL AVE.

 City-St-Zip:
 TAMPA, FL 33610
 City-St-Zip:
 TAMPA, FL 33610

Title: VP () Delete Title: () Change () Addition

 Name:
 CALDWELL, LEORA
 Name:

 Address:
 210 N. PINE DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33613
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

Name:BURCHETT, SANDRAName:BURCHETT, SANDRA CAddress:7301 LAKESHORE DRIVEAddress:7301 LAKESHORE DRIVECity-St-Zip:TAMPA, FL 33604City-St-Zip:TAMPA, FL 33604

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: SANDRA C BURCHETT S 03/13/2009