

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009918

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

929 EAST 139TH AVENUE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17427  
TAMPA, FL 336827427

**New Mailing Address:**

**FEI Number:** 31-0939166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURCHETT, SANDRA C  
7301 LAKESHORE DRIVE  
TAMPA, FL 33604 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  
Name: CALDWELL, LEORA  
Address: 210 N. PINE DRIVE  
City-St-Zip: TAMPA, FL 33613

Title: VP  
Name: KINCAID, LINDA  
Address: 1218 E 138TH AVE APT 13  
City-St-Zip: TAMPA, FL 33613

Title: ST  
Name: BURCHETT, SANDRA C  
Address: 7301 LAKESHORE DRIVE  
City-St-Zip: TAMPA, FL 33604

I hereby 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 all other like empowered.

SIGNATURE: SANDRA C BURCHETT

S/T

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date