

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010867

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, HIGHLANDS UNIT 69, INC.

**Current Principal Place of Business:**

1301 W BELL ST  
AVON PARK, FL 33825

**New Principal Place of Business:**

**Current Mailing Address:**

1301 W BELL ST  
AVON PARK, FL 33825

**New Mailing Address:**

**FEI Number:** 20-5532616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGERMEIER, LOUISE  
3028 S COUNTRY CLUB DR  
AVON PARK, FL 33825 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: DP ( ) Delete  
Name: BARKSDALE, DELORES  
Address: 226 THRUSH AVE  
City-St-Zip: SEBRING, FL 33872

Title: DT ( ) Delete  
Name: ANGERMEIER, LOUISE  
Address: 3028 S COUNTRY DR  
City-St-Zip: AVON PARK, FL 33825

Title: DV ( ) Delete  
Name: WATKINS ER, DARLEN  
Address: 530 SUNBIRD SQUARE  
City-St-Zip: SEBRING, FL 33872

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: BARKSDALE, DELORES  
Address: 226 THRUSH AVE  
City-St-Zip: SEBRING, FL 33872

Title: TREA (X) Change ( ) Addition  
Name: ANGERMEIER, LOUISE  
Address: 3028 S COUNTRY DR  
City-St-Zip: AVON PARK, FL 33825

Title: 1ST (X) Change ( ) Addition  
Name: WATKIN, DARLENE  
Address: 530 SUNBIRD SQUARE  
City-St-Zip: SEBRING, FL 33872

Title: SEC ( ) Change (X) Addition  
Name: FRANCIS, BARBARA  
Address: 3129 S. COUNTRY CLUB DR  
City-St-Zip: AVON PARK, FL 33825

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: LOUISE ANGERMEIER

TREA

04/22/2009

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

\_\_\_\_\_  
Date