

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001038

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, PINE CASTLE MEMORIAL UNIT 286, INC.

**Current Principal Place of Business:**

529 E. FAIRLANE AVE.  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

529 E. FAIRLANE AVE.  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 01-0873031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANKENHORN, RITA  
5626 BIRR CT.  
ORLANDO, FL 328094211 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: PD  
Name: FULLER, PAMELA  
Address: 2737 LAKE HOLDEN TER  
City-St-Zip: ORLANDO, FL 32806

Title: TRS  
Name: BLANKENHORN, RITA  
Address: 5626 BIRR CT.  
City-St-Zip: ORLANDO, FL 328094211

Title: VD  
Name: AMODIO, MARY  
Address: 6100 GLENN BARR AVE  
City-St-Zip: ORLANDO, FL 32809

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: RITA BLANKENHORN

TRS

01/07/2011

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

\_\_\_\_\_  
Date