

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 09, 2011**  
**Secretary of State**

DOCUMENT# N09000001995

**Entity Name:** AMERICAN LEGION AUXILIARY UNIT 250, INC.**Current Principal Place of Business:**3939 COUNTY ROAD 218  
MIDDLEBURG, FL 32068 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 218  
MIDDLEBURG, FL 320500218 US**New Mailing Address:****FEI Number:** 59-3143529**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**RHOADS, HAZEL  
5220 CR 218  
MIDDLEBURG, FL 32068 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: JAMES, SHERRY  
Address: 2308 MASTERS ROAD  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: S  
Name: ROWE, LAURA  
Address: 4531 COTTONTAIL COURT  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: T  
Name: SASSO-VOGT, KATHERINE  
Address: 2663 BLUEWAVES DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: D  
Name: RHOADS, HAZEL  
Address: 5220 CR 218  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: 1VP  
Name: BENDA, TERRI  
Address: 2908 RAVINE HILL DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: 2VP  
Name: MILLER, JEAN  
Address: 4129 SAUNDERS DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068 US

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: SHERRY JAMES

PRES

08/09/2011

Electronic Signature of Signing Officer or Director

Date