

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

DOCUMENT# N09000002875

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, HANNITON WATTS UNIT 193, INC.

**Current Principal Place of Business:**

2708 N 12TH AVE  
PENSACOLA, FL 325034849

**New Principal Place of Business:**

**Current Mailing Address:**

2708 N 12TH AVE  
PENSACOLA, FL 325034849

**New Mailing Address:**

PO BOX 30685  
PENSACOLA, FL 32503

**FEI Number:** 74-3243682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OUTING, ESSIE  
629 ROYCE ST  
PENSACOLA, FL 32503 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:** COLLINS, KARASTIN M  
**Address:** 61 W HERNANDEZ ST  
**City-St-Zip:** PENSACOLA, FL 32501 US

**Title:** T  
**Name:** OUTING, ESSIE  
**Address:** 629 ROYCE ST  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** VP  
**Name:** SOLES, ETHEL J  
**Address:** 8649 BLUEJAY WAY  
**City-St-Zip:** PENSACOLA, FL 32534

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:** KARASTIN M COLLINS

PRES

02/25/2011

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

\_\_\_\_\_  
Date