

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

DOCUMENT# N09000004302

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, PARADISE UNIT 79, INC.

**Current Principal Place of Business:**

5329 LEGION PL  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 113  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

**FEI Number:** 59-6133240

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAFT, SUSAN  
5607 LAGOON DR  
NEW PORT RICHEY, FL 34653 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: GIARARD, CHRISTINE  
Address: 4515 DURNEY STREET  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD  
Name: CRAFT, SUSAN  
Address: 5607 LAGOON DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VPD  
Name: ADAMS, PEGGY  
Address: 15228 PRINCEWOOD LANE  
City-St-Zip: LAND O LAKES, FL 34638

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: SUSAN J CRAFT

TREA

02/17/2011

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

\_\_\_\_\_  
Date