

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006996

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY UNIT #67, INCORPORATED

**Current Principal Place of Business:**

14901 W DIXIE HWY  
N MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

14901 W DIXIE HWY  
N MIAMI, FL 33181

**New Mailing Address:**

**FEI Number:** 87-0777451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, MARYELLEN  
2855 LEONARD DR  
H-201  
AVENTURA, FL 33160 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: ROBERTS, MARYELLEN  
Address: 2855 LEONARD DR H-201  
City-St-Zip: AVENTURA, FL 33160

Title: 1VP  
Name: GOMONT, CHRISTINE  
Address: 1470 NE 123RD ST #301  
City-St-Zip: N MIAMI, FL 33161

Title: 2VP  
Name: LUCKETT, LAURA  
Address: 20311 NE 2ND AVE  
City-St-Zip: MIAMI, FL 33179

Title: T  
Name: SCHIFFMAN, SHIRLEY  
Address: 2450 NE 135 ST #202  
City-St-Zip: N MIAMI, FL 33181

Title: S  
Name: GOMONT, CHRISTINE  
Address: 1470 NE 123RD ST #301  
City-St-Zip: N MIAMI, FL 33161

Title: C  
Name: DECARO, NANCY  
Address: 350 NE 141ST ST #209  
City-St-Zip: N MIAMI, FL 33161

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: SHIRLEY SCHIFFMAN

T

02/16/2011

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

\_\_\_\_\_  
Date