

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006996

FILED
Jan 11, 2012
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: TRUMBLE, KAMM
Address: P O BOX 5470+1
City-St-Zip: SURFSIDE, FL 33154

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: HEINZINGER, CATHERINE
Address: 530 NW 124TH ST
City-St-Zip: N MIAMI, FL 33168

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

TREA

01/11/2012

Electronic Signature of Signing Officer or Director

Date