

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

DOCUMENT# N09000007311

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

**Entity Name:** AMERICAN LEGION AUXILIARY MILTON-MYERS UNIT 65, INC.

**Current Principal Place of Business:**

263 NORTH 5TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

721 SE 3RD AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

263 NORTH 5TH AVENUE  
DELRAY BEACH, FL 33483

**FEI Number:** 51-0415039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCDERMOTT, GAIL LEE  
721 SE 3RD AVENUE  
DELRAY BEACH, FL 33483 US

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

MAKEL, LINDA P  
1850 HOMEWOOD BLVD.  
#303  
DELRAY BEACH, FL 33445 US

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: LINDA P. MAKEL

03/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: MAKEL, LINDA P  
Address: 1850 HOMEWOOD BLVD. #303  
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP  
Name: DIONNE, AUDREY  
Address: 1041 FLAME VINE AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445

Title: TREA  
Name: SCHLEY, FRANCES  
Address: 290 SE 6TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

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: LINDA P. MAKEL

PRES

03/17/2011

Electronic Signature of Signing Officer or Director

Date