

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010040

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, PORT ST LUCIE UNIT 318, INC.

**Current Principal Place of Business:**

8543 S US HWY 1  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

8543 S US HWY 1  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

2 SANTA FE LANE  
PORT ST LUCIE, FL 34952

**FEI Number:** 33-1194742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COWLES, MARY  
2 SANTA FE LANE  
PORT ST LUCIE, FL 34952 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:** BURK, ROBIN  
**Address:** 610 SW COLLEGE PARK  
**City-St-Zip:** PORT ST LUCIE, FL 34953

**Title:** T  
**Name:** COWLES, MARY  
**Address:** 2 SANTA FE LANE  
**City-St-Zip:** PORT ST LUCIE, FL 34952

**Title:** V  
**Name:** RAMANO, FRAN  
**Address:** 3124 SE CARD TERR  
**City-St-Zip:** PORT ST. LUCIE, FL 34984

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:** MARY COWLES

TREA

01/06/2012

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

\_\_\_\_\_  
Date