

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000011218

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, LESLIE COLLIER UNIT 74, INC.

**Current Principal Place of Business:**

528 N PINE ST  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

528 N PINE ST  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 32-0302000

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, EARTHAL  
1231 KEEY DR  
SEBRING, FL 33875 US

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

WILLIAMS, EARTHAL  
1231 KERRY DR  
SEBRING, FL 33875 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2010

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: NELSON, PATTI  
Address: 4409 SCHUMACHER RD  
City-St-Zip: SEBRING, FL 33872

Title: SD  
Name: GIOSA, ALYRA  
Address: 1018 TRIUMPH DR  
City-St-Zip: SEBRING, FL 33872

Title: VPD  
Name: MIX, JOAN  
Address: 750 DUANE PALMER BLVD  
City-St-Zip: SEBRING, FL 33876

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: PATTI NELSON

PD

04/20/2010

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

\_\_\_\_\_  
Date