

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000011902

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, CORAL GABLES UNIT 98, INC.

**Current Principal Place of Business:**

303 ALHAMBRA CIR  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

303 ALHAMBRA CIR  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 63-0753819

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DOSS, ELEANOR  
315 N.E. 121 TERRACE  
NORTH MIAMI, FL 33161 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: PRES  
Name: BERAN, DENISE  
Address: 701 PALERMO AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VICE  
Name: BORNN, LUPE  
Address: 11001 N.W. 7 STREET APT. 202  
City-St-Zip: MIAMI, FL 33172

Title: VICE  
Name: HANCHEY, JOSEPHINE  
Address: 611 S.W. 47 COURT  
City-St-Zip: MIAMI, FL 33134

Title: SECY  
Name: KNOWLES, WINONA  
Address: 315 N.E. 121 TERRACE  
City-St-Zip: NORTH 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: ELEANOR DOSS

TREA

02/16/2012

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

\_\_\_\_\_  
Date