

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

DOCUMENT# N10000002369

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY GREENACRES CITY UNIT 258 INC.

**Current Principal Place of Business:**

364 SWAIN BLVD.  
GREENACRES, FL 334633342

**New Principal Place of Business:**

**Current Mailing Address:**

364 SWAIN BLVD.  
GREENACRES, FL 334633342

**New Mailing Address:**

**FEI Number:** 35-2353800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUSCO, BARBARA  
7164 ST. ANDREWS RD.  
LAKE WORTH, FL 33467 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:** PD  
**Name:** CLEMENTS, BEVERLY  
**Address:** 439 SWAIN BLVD.  
**City-St-Zip:** GREENACRES, FL 33463

**Title:** STD  
**Name:** SUSCO, BARBARA  
**Address:** 7164 ST. ANDREWS RD.  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** VD  
**Name:** HARMON, JEAN  
**Address:** 309 JENNINGS AVE.  
**City-St-Zip:** GREENACRES, FL 33463

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:** BARBARA SUSCO

**SEC.**

**04/21/2011**

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

\_\_\_\_\_  
Date