

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002405

FILED  
Mar 08, 2012  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, PORT ST JOHN UNIT 359, INC.

**Current Principal Place of Business:**

7260 S US HWY 1  
7  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

7260 S US HWY 1  
#7  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 59-3368639

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HELMER, VALORIE  
5630 BRANDON STREET  
PORT ST JOHN, FL 32927 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: HELMER, VALORIE  
Address: 5630 BRANDON AT  
City-St-Zip: COCOA, FL 32927

Title: TD  
Name: WALTEMIRE, BARBARA  
Address: 4169 GATEWOOD DR  
City-St-Zip: COCOA, FL 32926

Title: VD  
Name: O'ROURKE, DOROTHY  
Address: 2341 HARPER CT  
City-St-Zip: TITUSVILLE, FL 32780

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: VALORIE HELMER

PD

03/08/2012

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

\_\_\_\_\_  
Date