

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000002999

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN LEGION AUXILIARY, JOHN GELLA MEMORIAL UNIT 219, INC.

**Current Principal Place of Business:**

194 W. FOUNTAIN ST.  
FRUITLAND PARK, FL 34731

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 409  
FRUITLAND PARK, FL 34731

**New Mailing Address:**

P.O. BOX 904  
FRUITLAND PARK, FL 34731

FEI Number: 27-1326223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, BRENDA  
05304 BYRON RD.  
FRUITLAND PARK, FL 34731 US

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

RAFFENSBERGER, SHERYL  
194 W FOUNTAIN STREET  
FRUITLAND PARK, FL 34731 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: SHERYL RAFFENSBERGER

04/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TREA  
Name: RAFFENSBERGER, SHERYL  
Address: 194 W FOUNTAIN STREET  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: PRES  
Name: HILL, DIANE  
Address: 194 W FOUNTAIN STREET  
City-St-Zip: FRUITLAND PARK, FL 34731

Title: SEC  
Name: MAYNARD, PATRICIA  
Address: 194 W FOUNTAIN STREET  
City-St-Zip: FRUITLAND PARK, FL 34731

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: SHERYL RAFFENSBERGER

TREA

04/23/2012

Electronic Signature of Signing Officer or Director

Date