

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000006057

FILED  
Apr 04, 2011  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, ROBERT H.L. DABNEY UNIT 192, INC.

**Current Principal Place of Business:**

3130 DR. MARTIN LUTHER KING JR. BLVD  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3130 DR. MARTIN LUTHER KING JR. BLVD  
FORT MYERS, FL 33916

**New Mailing Address:**

P.O. BOX 117  
FORT MYERS, FL 33902

FEI Number: 56-2531789

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SMALLWOOD, MARILYNN  
3038 BROADWAY  
FORT MYERS, FL 33901 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: FULLER, HELEN B  
Address: 1828 S MARKLEY COURT  
City-St-Zip: FORT MYERS, FL 33916

Title: STD  
Name: SMALLWOOD, MARILYNN  
Address: 3038 BROADWAY  
City-St-Zip: FORT MYERS, FL 33901

Title: VPD  
Name: BARNES, EDNA  
Address: 119 SW 40TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

Title: ARS  
Name: MCCLAIN, ANGELA  
Address: 3409 15TH STREET W  
City-St-Zip: LEHIGH ACRES, FL 33971

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: MARILYNN SMALLWOOD

STD

04/04/2011

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

\_\_\_\_\_  
Date