

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000058

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, FLAGLER UNIT 115, INC.

**Current Principal Place of Business:**

47 OLD KINGS RD N  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

47 OLD KINGS RD N  
PALM COAST, FL 32137

**New Mailing Address:**

PO BOX 351147  
PALM COAST, FL 32137 US

**FEI Number:** 84-1715724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REESE, MARY ANN  
28 ASHBURY LN  
FLAGLER BEACH, FL 32136 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: P  
Name: RULIGLIANO, CINDY  
Address: 1 BILL COURT  
City-St-Zip: PALM COAST, FL 32137 US

Title: T  
Name: REESE, MARY ANN  
Address: 28 ASHBURY LN  
City-St-Zip: FLAGLER BEACH, FL 32136 US

Title: VP  
Name: WEISBACH, ELEANOR  
Address: 12 WOODHOLME LN.  
City-St-Zip: PALM COAST, FL 32137 US

Title: S  
Name: JUDY, HENNENLOTTER  
Address: 21 FERNHAM LN  
City-St-Zip: PALM COAST, FL 32137 US

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: MARY ANN REESE

T

01/06/2012

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

\_\_\_\_\_  
Date