

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Oct 22, 2012**  
**Secretary of State**

DOCUMENT# N11000007818

**Entity Name:** AMERICAN LEGION AUXILIARY UNIT 356, INC.

**Current Principal Place of Business:**

400 ABERDEEN PKWY  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1801  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-3104845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRAUER, MARY  
1815 SCARLETT BLVD  
LYNN HAVEN, FL 32444      US

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

PEAVY, RUTH  
1109 COLORADO AVE  
LYNN HAVEN, FL 32444      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: RUTH PEAVY

10/22/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARDACRE, JANE  
Address: 504 W. 26TH ST  
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP  
Name: OLIVER, THERESA  
Address: 4505 WILLOWHILL RD  
City-St-Zip: PANAMA CITY, FL 32405

Title: S  
Name: RUSSELL, REESE  
Address: 704 W. 8TH ST  
City-St-Zip: LYNN HAVEN, FL 32444

Title: T  
Name: PEAVY, RUTH  
Address: 1109 COLORADO AVE  
City-St-Zip: LYNN HAVEN, FL 32444

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: RUTH PEAVY

T

10/22/2012

Electronic Signature of Signing Officer or Director

Date