

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008089

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** AMERICAN LEGION AUXILIARY, MADISON COUNTY UNIT NO. 224 DEPARTMENT OF FLORIDA, INC.

**Current Principal Place of Business:**

4383 NE CHERRY LAKE CIRCLE  
MADISON, FL 32340

**New Principal Place of Business:**

**Current Mailing Address:**

4383 NE CHERRY LAKE CIRCLE  
MADISON, FL 32340

**New Mailing Address:**

**FEI Number:** 01-0818219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERRY, SARA H  
1671 NE ROCKY SPRINGS CHURCH RD  
MADISON, FL 32340 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: BARBER, REGINA M  
Address: 731 NE ROOTMAN RD  
City-St-Zip: MADISON, FL 32340

Title: 1 VP  
Name: WRAGGE, LINDA M  
Address: PO BOX 343  
City-St-Zip: GREENVILLE, FL 32331

Title: 2 VP  
Name: BENNETT, JOANNE P  
Address: PO BOX 335  
City-St-Zip: LAKE PARK, GA 31636

Title: SEC  
Name: RATCLIFF, CHRIS  
Address: 270 NE PRAIRIE RD  
City-St-Zip: MADISON, FL 32340

Title: TRES  
Name: PERRY, SARA H  
Address: 1671 NE ROCKY SPRINGS CHURCH RD  
City-St-Zip: MADISON, FL 32340

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: SARA H PERRY

TRES

04/20/2012

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

\_\_\_\_\_  
Date