

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008384

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** LOFTON-MILLER-JACKSON AMERICAN LEGION AUXILIARY UNIT #322, INC.

**Current Principal Place of Business:**

367 N. E. BONDS STREET  
LAKE CITY, FL 32055

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1362  
LAKE CITY, FL 32055

**New Mailing Address:**

**FEI Number:** 59-2586347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAINES, CLORA  
243 S. E. LOMOND AVENUE  
LAKE CITY, FL 32025 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: PRES  
Name: RAINES, CLORA B  
Address: 243 S. E. LOMOND AVENUE  
City-St-Zip: LAKE CITY, FL 32025

Title: SECY  
Name: HENRY, THELMA H  
Address: 267 N. E. LABELLE TERRACE  
City-St-Zip: LAKE CITY, FL 32055

Title: TREA  
Name: SIMPSON, PEARL E  
Address: 198 N. E. LONG STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: 1VP  
Name: COOK, TERESA  
Address: 651 N. E. FAIRVIEW STREET  
City-St-Zip: LAKE CITY, FL 32055

Title: CHAP  
Name: ANDERSON, CARLENE  
Address: 2058 N. W. HAMP FARMER ROAD  
City-St-Zip: LAKE CITY, FL 32055

Title: S-A-  
Name: BROWN, LOUISE  
Address: 175 N. E. LEE LUND  
City-St-Zip: LAKE CITY, FL 32055

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: CLORA RAINES

PRES

04/26/2012

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

\_\_\_\_\_  
Date