2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009744

FILED Apr 24, 2012 Secretary of State

Entity Name: AMERICAN LEGION BRYANT-PHILLIPS AUXILIARY UNIT 215, INC.

Current Principal Place of Business: New Principal Place of Business:

936 N. W. LAKE JEFFREY ROAD LAKE CITY, FL 32055

Current Mailing Address: New Mailing Address:

936 N. W. LAKE JEFFREY ROAD P.O. BOX 1631 LAKE CITY, FL 32055 P.O. BOX 1631 JASPER, FL 32052

FEI Number: 90-0600675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

OLIVER, SHARON M 936 N. W. LAKE JEFFREY ROAD LAKE CITY, FL 32055 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: OLIVER, SHARON M

Address: 936 NW LAKE JEFFREY ROAD

City-St-Zip: LAKE CITY, FL 32055

Title: VPRE

Name: ROBINSON, DOROTHY
Address: POST OFFICE BOX 1841
City-St-Zip: JASPER, FL 32052

Title: SECR

Name: JOHNSON, EMILY
Address: POST OFFICE BOX 968
City-St-Zip: JASPER, FL 32052

Title: TREA

Name: CHANDLER, GENE
Address: POST OFFICE BOX 101
City-St-Zip: JASPER, FL 32052

Title: CHAP

 Name:
 JACKSON, RUBY

 Address:
 6212 SW 99TH AVENUE

 City-St-Zip:
 JASPER, FL 32052

Title: SAA

Name: JOHNSON, BERTHA

Address: 12195 SE COUNTY ROAD 132

City-St-Zip: JASPER, FL 32052

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: SHARON OLIVER PRES 04/24/2012