

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90311 019 ****61.25

DOCUMENT # N45382

1. Entity Name

WOODWORTH-WEBB AMERICAN LEGION UNIT 293, INC.

Auxiliary



Principal Place of Business

AMERICAN LEGION POST 293 *Auxiliary*
RT 315 SO
INTERLACHEN, FL 32148 US

Mailing Address

POST OFFICE BOX 592
INTERLACHEN, FL 32148-0592

DO NOT WRITE IN THIS SPACE



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEMER, VIRGINIA E
116 BEAVEN ST
INTERLACHEN, FL 32148

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Virginia E Freemer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-09-06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE *PD*
NAME FREEMER, VIRGINIA E
STREET ADDRESS 116 BEAVEN ST
CITY-ST-ZIP INTERLACHEN, FL 32148

TITLE *TD*
NAME RALOSKY, E. RAE
STREET ADDRESS P O BOX 539
CITY-ST-ZIP ORANGE SPRINGS, FL 32182

TITLE *DSOA*
NAME TEMPLETON, PAISY
STREET ADDRESS P O BOX 162
CITY-ST-ZIP ORANGE SPRINGS, FL 32182

TITLE *PD*
NAME *Pasciak, Rose*
STREET ADDRESS *104 Ash Place*
CITY-ST-ZIP *Interlachen, FL 32148*

TITLE *TD*
NAME *Theresa Lucia*
STREET ADDRESS *P O Box 1237*
CITY-ST-ZIP *Interlachen, FL 32148*

TITLE *DSOA*
NAME *Shirley Sellars*
STREET ADDRESS *114 Alpheia Lane*
CITY-ST-ZIP *Interlachen, FL 32148*

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Theresa Lucia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2006

Date

386-684-9104

Daytime Phone #