

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45382

FILED
Apr 10, 2009
Secretary of State

Entity Name: WOODWORTH-WEBB AMERICAN LEGION UNIT 293, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

AMERICAN LEGION AUXILIARY WOODWORTH WEBB U
145 HY 315 SOUTH
INTERLACHEN, FL 32148 US

Current Mailing Address:

POST OFFICE BOX 452
INTERLACHEN, FL 321480452

New Mailing Address:

FEI Number: 30-0498809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCIA, THERESA
114 ASH STREET
INTERLACHEN, FL 32148 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: PD () Delete
Name: WOODBURY, JANE
Address: POB 2241
City-St-Zip: INTERLACHEN, FL 32148

Title: T () Delete
Name: LUCIA, THERESA
Address: 114 ASH STREET
City-St-Zip: INTERLACHEN, FL 32148

Title: C () Delete
Name: CANNOE, WILMA
Address: 107 HIBISCUS RD
City-St-Zip: INTERLACHEN, FL 32148

Title: S () Delete
Name: RALOSKY, RAE
Address: PO BOX 539
City-St-Zip: ORANGE SPRINGS, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DANDEMEAU, PATRICIA
Address: POB 2132
City-St-Zip: INTERLACHEN, FL 32148

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THERESA LUCIA

TRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date