

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000010827

**Entity Name:** THE AMERICAN LEGION AUXILIARY, J.W. MATHERS, JR., UNIT  
163, DEPARTMENT OF FLORIDA, INC.

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC8105782208**

**Current Principal Place of Business:**

1795 N HARBOR CITY BLVD  
MELBOURNE, FL 32935

**Current Mailing Address:**

P.O. BOX 361487  
MELBOURNE, FL 32936-1487 US

**FEI Number: 20-3664420**

**Certificate of Status Desired: No**

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

NEES, PAULINE  
587 THOMAS BARBOUR DRIVE  
MELBOURNE, FL 32935 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KING-SMITH, ANN R  
Address        696 MURSET AVENUE, SE  
City-State-Zip: PALM BAY FL 32909

Title            TREASURER  
Name            NEES, PAULINE L  
Address        587 THOMAS BARBOUR DRIVE  
City-State-Zip: MELBOURNE FL 32935

Title            SECRETARY  
Name            COX, SHERRI  
Address        255 ALCANTARRA STREET, NW  
City-State-Zip: PALM BAY FL 32907

Title            VP  
Name            VILGATS, JANICE R  
Address        410 TEMPLE STREET  
City-State-Zip: SATELLITE BEACH FL 32937

*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: PAULINE NEES**

**TREASURER**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date