

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005514

Entity Name: AMERICAN LEGION AUXILIARY BLANTON - THOMPSON UNIT
#155, INC.**FILED**
Jan 26, 2013
Secretary of State
CC6668414066**Current Principal Place of Business:**6585 W. GULF TO LAKE HWY.
CRYSTAL RIVER, FL 34428**Current Mailing Address:**P. O. BOX 388
CRYSTAL RIVER, FL 34423-0388**FEI Number: 59-2991391****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KRUSYNSKI, ELIZABETH M
3872 S. SWAN TERRACE
HOMOSASSA, FL 34448 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	PRES
Name	WHITE, SANDRA
Address	P. O. BOX 388
City-State-Zip:	CRYSTAL RIVER FL 34423-0388

Title	VP
Name	LOGAN, BARBARA
Address	8121 W. JUSTIN LANE
City-State-Zip:	CRYSTAL RIVER FL 34428-7173

Title	T
Name	KRUSYNSKI, ELIZABETH M
Address	3872 S. SWAN TERRACE
City-State-Zip:	HOMOSASSA FL 34448

Title	S
Name	SHREVE, MICHELLE
Address	P. O. BOX 388
City-State-Zip:	CRYSTAL RIVER FL 34423-0388

Title	C
Name	ROYA, LUCILE M
Address	1908 S GLENEAGLE TER
City-State-Zip:	LECANTO FL 34461-9753

Title	D
Name	PINK, MARIE
Address	6153 W. PINE CIRCLE
City-State-Zip:	CRYSTAL RIVER FL 34429-8787

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: ELIZABETH M. KRUSYNSKI**TREASURER****01/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date