

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002274

Entity Name: AMERICAN LEGION AUXILIARY, UNIT 233, INC.**Current Principal Place of Business:**560 NORTH WILDERNESS TRAIL
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**112 KNOTTY PINE TRAIL
PONTE VEDRA BEACH, FL 32082 US**FEI Number: 06-1830144****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**O'NEILL, KAREN B
1009 N. 21ST STREET
JACKSONVILLE BEACH, FL 32250 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	SHEBLE, INEZ CELESTE
Address	610 WANDERING WOODS WAY
City-State-Zip:	PONTE VEDRA BEACH FL 32081-0622

Title	1ST VP
Name	BASS, SYLVIA
Address	75 DIXON PLACE
City-State-Zip:	PONTE VEDRA BEACH FL 32082-4303

Title	SGT. AT ARMS
Name	BACOM, BETTY
Address	110 DA VINCI BLVD.
City-State-Zip:	PONTE VEDRA BEACH FL 32081-8805

Title	SEC
Name	WILLIAMS, LINDA K.
Address	125 CLATTER BRIDGE ROAD
City-State-Zip:	PONTE VEDRA BEACH FL 32081-4369

Title	TREA
Name	NAGEL, JUDITH J
Address	560 NORTH WILDERNESS TRAIL
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	CHAPLIN
Name	COOK, ANN
Address	540 NORTH WILDERNESS TRAIL
City-State-Zip:	PONTE VEDRA BEACH FL 32082

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: JUDITH J. NAGEL**TREASURER****04/10/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date