#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003054

Entity Name: AMERICAN LEGION AUXILIARY, MEMORIAL UNIT 241, INC.

**FILED** Apr 29, 2018 **Secretary of State** CC1793184904

## **Current Principal Place of Business:**

2101 LEGION RD SNEADS, FL 32460

### **Current Mailing Address:**

**PO BOX 125** 

SNEADS, FL 32460

FEI Number: 41-2261827 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SNEADS FL 32460

**SECRETARY** 

BROWN, MARTHA A 3486 RIVER ROAD SNEADS, FL 32460 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: MARTHA A BROWN 04/29/2018

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

City-State-Zip:

Title

Title	PRESIDENT	Title	TREASURER
Name	BROWN, MARTHA A	Name	WALDEN , FAYE
Address	3486 RIVER ROAD	Address	1847 GULF POWER RD.

Title **CHAPLAIN** 

Name CLOUD, MARY FRANCES Name MCDANIEL, JOYCE J.

Address PO BOX 431 Address **PO BOX 266** 

GRAND RIDGE FL 32442 City-State-Zip: City-State-Zip: SNEADS FL 32460

VΡ Title Title **HISTORIAN** 

Name SEGREST, EULA MAE Name MANN. DEBRA E. Address 7351 BONEYARD RD. 2214 MULBERRY BLVD. Address GRAND RIDGE FL 32442 City-State-Zip:

TALLAHASSEE FL 32303 City-State-Zip:

Title **HISTORIAN** Title **CHAPLAIN** Name ROBERTS, KASSI CLOUD, MARY FRANCES Name 5153 PRIVATE RD Address Address PO BOX 431

City-State-Zip: MARIANNA FL 32446 GRAND RIDGE FL 32442 City-State-Zip:

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City-State-Zip:

SNEADS FL 32460

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.

04/29/2018 SIGNATURE: MARTHA A. BROWN **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title VP

Name LANIER, GAYLE Address PO BOX 211

City-State-Zip: CHATTAHOOCHEE FL 32324