

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003054

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

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BROWN, MARTHA A
Address 3486 RIVER ROAD
City-State-Zip: SNEADS FL 32460

Title TREASURER
Name WALDEN, FAYE
Address 1847 GULF POWER RD.
City-State-Zip: SNEADS FL 32460

Title SECRETARY
Name MCDANIEL, JOYCE J.
Address 2169 WALDEN ROAD
City-State-Zip: SNEADS FL 32460

Title 2ND VICE PRESIDENT
Name MANN, DEBRA E.
Address 2214 MULBERRY BLVD.
City-State-Zip: TALLAHASSEE FL 32303

Title CHAPLAIN
Name CLOUD, MARY FRANCES
Address PO BOX 431
City-State-Zip: GRAND RIDGE FL 32442

Title HISTORIAN
Name ROBERTS, KASSI
Address 5153 PRIVATE RD
City-State-Zip: MARIANNA FL 32446

Title 1ST VICE PRESIDENT
Name ZEIGLER, MARGARET
Address 7323 BIRCHWOOD ROAD
City-State-Zip: GRAND RIDGE FL 32442

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: FAYE WALDEN**TREASURER**

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date