

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

DOCUMENT# N10000002999

**FILED**  
**Feb 28, 2015**  
**Secretary of State**  
**CC8808481531**

**Entity Name:** AMERICAN LEGION AUXILIARY, JOHN GELLA MEMORIAL UNIT  
219, INC.

**Current Principal Place of Business:**

194 W. FOUNTAIN ST.  
FRUITLAND PARK, FL 34731

**Current Mailing Address:**

P.O. BOX 904  
FRUITLAND PARK, FL 34731

**FEI Number: 27-1326223**

**Certificate of Status Desired: No**

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

RAFFENSBERGER, SHERYL  
194 W FOUNTAIN STREET  
FRUITLAND PARK, FL 34731 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 TREA  
Name RAFFENSBERGER, SHERYL  
Address 194 W FOUNTAIN STREET  
City-State-Zip: FRUITLAND PARK FL 34731

Title PRES  
Name MAYNARD, PATRICIA  
Address 194 W FOUNTAIN STREET  
City-State-Zip: FRUITLAND PARK FL 34731

Title SEC  
Name ROUSSEAU, DIANE  
Address 194 W FOUNTAIN STREET  
City-State-Zip: FRUITLAND PARK FL 34731

*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: SHERYL RAFFENSBERGER

TREASURER

02/28/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date