2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002658

Entity Name: AMERICAN LEGION AUXILIARY, ██████████

FILED
Feb 18, 2017
Secretary of State
CC: ██████████

Current Principal Place of Business:

███████████
███████████

Current Mailing Address:

███████████
███████████

FEI Number: ███████████

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

███████████
███████████

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: ███████████   02/18/2017

Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	███	Title	███
Name	███████████	Name	███████████
Address	███████████	Address	███████████
City-State-Zip:	███████████	City-State-Zip:	███████████

Title ███████████
Name ███████████
Address ███████████
City-State-Zip: ███████████

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: ███████████   SECRETARY/TREASURER 02/18/2017

Electronic Signature of Signing Officer/Director Detail   Date