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.

PRESIDENT

SIGNATURE: LEANEZE HAWKINS- DOZIER

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA	NOT FOR PRO	FIT CORPORATIO	N ANNUAL REPORT

DOCUMENT# N2100009332

Entity Name: AMERICAN LEGION AUXILIARY, THOMPSON MCKAY UNIT 210, INC

Current Principal Place of Business:

HERBERT S COLEMAN CENTER 2001 SOUTH EAST 32ND AVE OCALA, FL 34471

Current Mailing Address:

P.O. BOX 184 OCALA, FL 34478 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

DOZIER, LEANEZE H PRES. 4790 NORTH WEST 69TH STREET LOT 7 OCALA, FL 34482 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

Officer/Director Detail :

Title	Р	Title	VP
Name	DOZIER, LEANEZE H	Name	BLUNT , ANELSA
Address	4790 NORTH WEST 69TH STREET LOT. #7	Address City-State-Zip:	P.O.BOX 334 SPARR_FL_31292
City-State-Zip:	OCALA FLORIDA FL 34482	Oily-State-Zip.	STANK TE ST292
Title	т	Title	C
Name	' BROWN-HADLEY, JESSICA	Name	KINER, KATHLYN
Address	800 WEST HWY 316	Address	P.O. BOX 579
City-State-Zip:	CITRA FL 32113	City-State-Zip:	SUMMERFIELD FL 34492
Title	SECRETARY		
Name	GREENE, SARAH		
Address	4730 SE 32ND STREET		
City-State-Zip:	OCALA FL 34482		

Certificate of Status Desired: No

05/01/2022

FILED May 01, 2022 Secretary of State 4948428544CC

Date

Date