
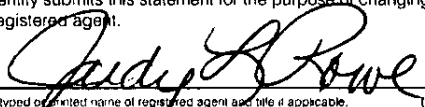
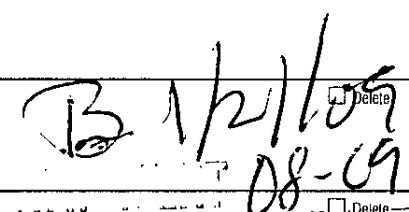
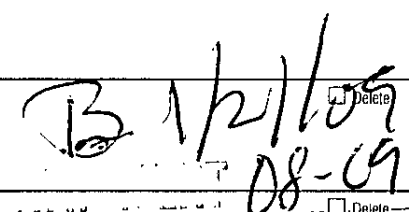
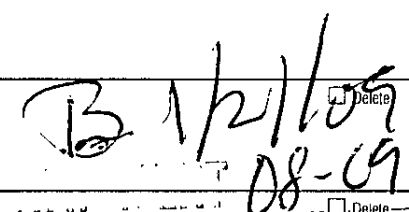
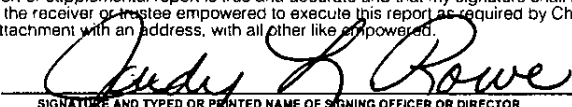


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 14 PM 3:35

<b>DOCUMENT # N97000005240</b> 1. Entity Name ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY POST NO. 6 INC.					
Principal Place of Business 1965 STATE ROAD 16 ST. AUGUSTINE, FL 32084			Mailing Address POST OFFICE BOX 844 YULEE, FL 32041		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3477578	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  DUNCAN, JOHNNY 1965 STATE ROAD 16 ST. AUGUSTINE, FL 32084			7. Name and Address of New Registered Agent Name <b>Judy L. Rowe</b> Street Address (P.O. Box Number is Not Acceptable) <b>267 Jasmine Street</b> City <b>Atlantic Beach</b> <b>FL</b> Zip Code <b>32233</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <b>1-8-09</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$297.50</b>			Make check payable to <b>Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, JOHNNY 1965 STATE ROAD 16 ST. AUGUSTINE, FL 32084	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dora Wadhams 2292 Hickory Road Auburndale, FL 33823	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS QUIGLEY, JACOB 6785 MAGNOLIA LANE ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Judy L. Rowe 267 Jasmine Street Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANCHEZ, VICKY 47 BRACKEN LANE PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Maria V. Carpenter 2268 Mayport Road Jacksonville, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helene Bethune 1056 Regas Drive Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>800140668668</b> <b>01/14/09--01042--015 **297.50</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>1-08-09</b> Daytime Phone # <b>904-514-1058</b>	