

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N98000000699

1. Entity Name

**EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337,
LADIES AUXILIARY TO THE VETERANS OF FOREIGN
WARS**



Principal Place of Business

**906 HWY 44 EAST
INVERNESS, FL 34450 US**

Mailing Address

**906 HWY 44 EAST
INVERNESS, FL 34450 US**

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-1940834

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HETHERINGTON, CAROL A
515 NOLA ST
INVERNESS, FL 34452**

**DO NOT WRITE
IN THIS SPACE**

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

Carol A Hetherington

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-08

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAYNE, THOMPSON
STREET ADDRESS	4038 CLEAR SPRING ROAD
CITY-ST-ZIP	BROOKSVILLE, FL 34604
TITLE	VPD
NAME	THERESE, FORTIN
STREET ADDRESS	2500 N. JUNGLE CAMP ROAD
CITY-ST-ZIP	INVERNESS, FL 34453
TITLE	TD
NAME	HETHERINGTON, CAROL A
STREET ADDRESS	515 NOLA ST
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	S
NAME	MARTIN, GLENDA
STREET ADDRESS	4167 S. CANTON TERR.
CITY-ST-ZIP	INVERNESS, FL 34452
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/08-80003-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Jayne E Thompson (Jayne E Thompson)

Date

01-09-08

Daytime Phone #

*352-344-
8334*

PRESIDENT LAJFW #4337