2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N31821

1. Entity Name



FILED Jan 16, 2003 8:00 am § Secretary of State

01-16-2003 90086 026 ****61 25

TIUNA	ED AMERICAN VETERANS AU UNIT 84, INC	XILIARY, GREATER (DA DA					
Principal PI 605 8TH ST	lace of Business	Mailing Address						
HOLLY HILL		605 8TH STREET HOLLY HILL FL 32117	•			200	10274	Į
2. Principa	Place of Business	3. Mailing Address		<u></u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number NOT APPLICABLE Applied For			
Zip	Country	Zip	Country		(1) The 2 and one 12 (- 1 and		-	lot Applicable
	6. Name and Address of Current	Registered Agent			5. Certificate of Status De		Fee Requir	ed
	5. Thanks and Address of Carrent	negistered Agent	Name	<u>.T.</u>	7. Name and Address of	New Registered	Agent	
DUFFY, MARJORIE D.			Street		(P.O. Box Number is Not Acceptable)			
	OQUINA DRIVE WEST							
DAYTONA BEACH FL 32117				30/0	ANCHOR D	R.		
			City	DRMILL	ANCHOR D	FL	Zip Coo	. ~ /
8. The above the obligation	ve named entity submits this statement fo ations of registered agent.	r the purpose of changing its	s registered office	or registere	ed agent, or both, in the Stat	e of Florida. I am	یے کے ا familiar with,	./ 7 6 and accept
i	JUNE CORMIER	CMDR.						
SIGNATURE		unier				1/13	03	
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	FE: Registered Agent signa	ature required v	when reinstating)	DATE		
	FILE NOW: FEE IS \$61.25	9. Election Cal	mpaign Financing	П	\$5.00 May Be	Make Check	k Payable	to
				ц ,	Added to Fees	Florida Depar	tment or	State
10.	OFFICERS AND DIF		11.		Added to Fees DDITIONS/CHANGES TO C			
TITLE	C .	ECTORS Delete	11.	AI	DDITIONS/CHANGES TO C			
	C DUFFY, MARJORIE D		11.	Al C Ju	DDITIONS/CHANGES TO C	FFICERS AND DI	RECTORS IN	110
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

1/13/03 (386) 441-6099