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May 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34568** (8)

1. Corporation Name

**ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY PO  
ST #2, INC.**

Principal Place of Business

Mailing Address

**68 BEAL PARKWAY NW  
FT. WALTON BEACH FL 32548**

**68 BEAL PARKWAY NW  
FT. WALTON BEACH FL 32548**



3. Date Incorporated or Qualified

**10/09/1989**

4. FEI Number

**59-2970714**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 1302 N. Beach Dr. Leon Bldg.**

**26 694 Alafia Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**23 ST. AUGUSTINE FL 32084**

**28 ST. AUGUSTINE FL**

Zip

Country

**USA**

Zip

Country

**USA**

**24 32084**

**25 ~~32084~~**

**29 32086**

**30 ~~USA~~**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWLES, LINDA  
308 MIR STP PKWY 23-B  
FT. WALTON BEACH FL 32548**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PTM** ☒ DELETE  
NAME **BOWLES, LINDA**  
STREET ADDRESS **308 MIR STP PKY**  
CITY-ST-ZIP **FT. WALTON BEACH FL**

1.1 TITLE **PTM** ☐ Change ☐ Addition  
1.2 NAME **Bowles Linda**  
1.3 STREET ADDRESS **694 Alafia Dr.**  
1.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE **VT** ☒ DELETE  
NAME **GROSSMAN, TANIYA S.**  
STREET ADDRESS **353 KEPNER DR., NE**  
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

2.1 TITLE **VT** ☐ Change ☐ Addition  
2.2 NAME **GROSSMAN TANIYA S.**  
2.3 STREET ADDRESS **650 W. POPA RD. APT 245**  
2.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32084**

TITLE **TS** ☒ DELETE  
NAME **HORTON, ELIZABETH**  
STREET ADDRESS **1100-1 CROSSWINDS LANDING**  
CITY-ST-ZIP **FORT WALTON BEACH FL 32547**

3.1 TITLE **TS** ☐ Change ☐ Addition  
3.2 NAME **Horton Elizabeth**  
3.3 STREET ADDRESS **694 Alafia Dr.**  
3.4 CITY-ST-ZIP **ST. AUGUSTINE FL 32086**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Linda Bowles*

CR2E037 (10/97)