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**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90114 005 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N34568**

1. Corporation Name

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

Principal Place of Business

**1302 N PONCE DE LEON BLVD  
ST AUGUSTINE FL 32084  
US**

Mailing Address

**694 ALZIDA DRIVE  
ST AUGUSTINE FL 32086  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

**10/09/1989**

4. FEI Number

**59-2970714**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

*Linda Bowles*

(NOTE: Registered Agent signature required when reinstating)

**1/11/99**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PTM  
BOWLES, LINDA**  
STREET ADDRESS **694 ALSID DRIVE**  
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ DELETE

NAME **VT  
GROSSMAN, TANIYA S.**  
STREET ADDRESS **650 W POPI ROAD #245**  
CITY-ST-ZIP **ST AUGUSTINE FL 32084**

TITLE ☐ DELETE

NAME **TS  
HORTON, ELIZABETH**  
STREET ADDRESS **694 ALZIDA DRIVE**  
CITY-ST-ZIP **ST AUGUSTINE FL 32086**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**694 Alzida Drive  
ST. AUGUSTINE FL 32086**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**650 W. POPE ROAD #245  
ST. AUGUSTINE FL 32084**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**694 Alzida Drive  
ST. AUGUSTINE FL 32086**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

*Linda Bowles*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)