

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90052 001 ***140.00

DOCUMENT # N34568

1. Entity Name

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



Principal Place of Business

1965 STATE RD # 16
SAINT AUGUSTINE FL 32095
US

Mailing Address

PO BOX 840149
SAINT AUGUSTINE FL 32084
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2970714

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWLES, LINDA
694 ALEIDA DR
SAINT AUGUSTINE FL 32086

Name

Bowles LINDA

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

890 AIA Beach Blvd # 74

City

ST. AUGUSTINE

FL

Zip Code

32080

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

Linda Bowles

Post #2 Aux President

2-2-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete
NAME **BOWLES, LINDA**
STREET ADDRESS **390 AIR BEACH BLVD A-3**
CITY-ST-ZIP **ST AUGUSTINE BEACH FL 32080**

TITLE **VPT** ☐ Delete
NAME **MODKINS, MICHELLE**
STREET ADDRESS **6125 CHURCH RD**
CITY-ST-ZIP **ELKTON FL 32033**

TITLE **TS** ☐ Delete
NAME **SOLANA, SANDY**
STREET ADDRESS **268 YARBOROUGH CIRCLE**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDT** ☒ Change ☐ Addition
NAME **Bowles LINDA**
STREET ADDRESS **890 AIA Beach Blvd # 74**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **VPT** ☒ Change ☐ Addition
NAME **HOPKINS, MICHELLE**
STREET ADDRESS **6125 Church Rd**
CITY-ST-ZIP **ELKTON FL 32033**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: *Linda Bowles* **Linda Bowles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/04

Date

904-471-1747

Daytime Phone #