2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007
Secretary of State

DOCUMENT# N34568

Entity Name: ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY POST #2, INC.

Current Principal Place of Business:

1965 STATE RD # 16
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

1965 STATE RD 16
SAINT AUGUSTINE, FL 32084 US

Current Mailing Address:

1965 STATE RD # 16
SAINT AUGUSTINE, FL 32095 US

New Mailing Address:

1965 STATE RD 16
SAINT AUGUSTINE, FL 32084 US

FEI Number: 59-2970714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

QUIGLEY, JAKE
6785 MAGNOLIA LANE
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDT ( ) Delete
Name: QUIGLEY, JAKE
Address: 6785 MAGNOLIA LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VPT ( ) Delete
Name: SOLANA, SANDY
Address: 268 YARBOROUGH LANE
City-St-Zip: SAINT AUGUSTINE, FL 32095

Title: TS ( ) Delete
Name: COCHRAN, LISA
Address: 2854 N. 3RD ST
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: C ( ) Delete
Name: WO0DALL, SANDY
Address: 255 ATLANTIS CIRCLE 305-D
City-St-Zip: SAINT AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change ( ) Addition
Name: COCHRAN, LISA
Address: 1965 STATE RD 16
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB B QUIGLEY PD 05/17/2007

Electronic Signature of Signing Officer or Director — Date