


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 017 ****70.00

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 32084 US			Mailing Address 1965 STATE RD 16 SAINT AUGUSTINE, FL 32084 US		
2. Principal Place of Business - No P.O. Box # 8809 Townsquare Dr. S Suite, Apt. #, etc.,		3. Mailing Address P.O. Box 160939 Suite, Apt. #, etc.			
City & State Jacksonville, FL Zip 32216		City & State Boiling Springs, SC Zip 29316		4. FEI Number 59-2970714	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUIGLEY, JAKE 6785 MAGNOLIA LANE SAINT AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Sandy Solana Street Address (P.O. Box Number is Not Acceptable) 268 Yarborough Lane City St. Augustine FL Zip Code 32095		
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: <u><i>Sandy Solana</i></u> 3/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT. QUIGLEY, JAKE <input type="checkbox"/> Delete 6785 MAGNOLIA LANE SAINT AUGUSTINE, FL 32086		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ramos, Moses <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 633 Callahan, FL 32011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SOLANA, SANDY <input type="checkbox"/> Delete 268 YARBOROUGH LANE SAINT AUGUSTINE, FL 32095		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Duncan, Linda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 633 Callahan, FL 32011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS COCHRAN, LISA <input type="checkbox"/> Delete 1965 STATE RD 16 SAINT AUGUSTINE, FL 32084		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Solana, Sandy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 268 Yarborough Circle Saint Augustine, FL 32095	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WOODALL, SANDY <input checked="" type="checkbox"/> Delete 255 ATLANTIS CIRCLE 305-D SAINT AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Sandy Solana</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/30/08 904-826-3850 <small>Date Daytime Phone #</small>		