

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

2/1

02-12-2003 90158 001 ***140.00

DOCUMENT # N34568



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

Principal Place of Business
**1965 STATE RD # 18
SAINT AUGUSTINE FL 32085
US**

Mailing Address
**PO BOX 840149
SAINT AUGUSTINE FL 32084
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2970714**

Applied For

Not Applicable

Zip

Country

Zip

Country

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | PTM | <input type="checkbox"/> Delete |
| NAME | BOWLES, LINDA | |
| STREET ADDRESS | 390 AIR BEACH BLVD A-3 | |
| CITY-ST-ZIP | ST AUGUSTINE BEACH FL 32080 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | GROSSMAN, TANIYA S. | |
| STREET ADDRESS | 650 W. POPE #245 | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32084 | |
| TITLE | TS | <input type="checkbox"/> Delete |
| NAME | RAMOS, ELIZABETH | |
| STREET ADDRESS | 263 ALMANSA DR | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32088 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | PRESIDENT DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bowles Linda | |
| STREET ADDRESS | 390 AIR BEACH BLVD A-3 | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32080 | |
| TITLE | Vice-President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Hookins Michelle | |
| STREET ADDRESS | 6125 Church RD. | |
| CITY-ST-ZIP | ELKTON FL 32033 | |
| TITLE | SECRETARY-Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOLANA SANCHEZ | |
| STREET ADDRESS | 268 YARBOROUGH Circle | |
| CITY-ST-ZIP | ST AUGUSTINE FL 32095 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

2/07/03

Date

Daytime Phone #

CR2E037 (10/02)