


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90241 039 \*\*\*\*61.25

<b>DOCUMENT # N47216</b> 1. Entity Name <b>ST. AUGUSTINE AUXILIARY UNIT 6, INC. DISABLED AMERICAN VETERANS AUXILIARY</b>					
Principal Place of Business <b>8 JOINER STREET SAINT AUGUSTINE FL 32084</b>			Mailing Address <b>NINA L. BEVERLY 8 JOINER STREET SAINT AUGUSTINE FL 32084</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3754488</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ELLIOTT, CARLA J 228 LOBELIA RD. ST AUGUSTINE FL 32086</b>				Name <b>Elliott, Carla J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>485 South Hamilton Springs Road</b> City <b>St. Augustine</b> FL <b>32084</b>	
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 _____ (NOTE: Registered Agent signature and used when reinstating) _____ DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> <b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ZIERS, JANE S</b>		NAME		
STREET ADDRESS	<b>17 SOUTH LEONARDI STREET</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TUCKER, DORINDA L</b>		NAME		
STREET ADDRESS	<b>221 ARGONAUT RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SAINT AUGUSTINE FL 32086</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BEVERLY, NINA L.</b>		NAME		
STREET ADDRESS	<b>8 JOINER ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Jane S. Ziers-Jane S. Ziers 4-15-08 904-829-3218