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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:11

DOCUMENT # N51380 (6)

1. Corporation Name

WOMEN'S AUXILIARY OF THE AMERICAN LEGION BERT HODGE UNITE #45, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5 PALATKA FL 32178 US	P.O. BOX 5 PALATKA FL 32178 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1992
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2205597 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUBMAN, ARLENE A HC 3 BOX 132 SATSUMA FL 32189	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DST	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	TUBMAN, ARLENE	1.2 NAME	TUBMAN, ARLENE	
STREET ADDRESS	HC3 BOX 132 N/A	1.3 STREET ADDRESS	HC3 BOX 132 N/A	
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	Satsuma, Fl. 32189	
TITLE	D	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	SCHMIDT, RENA	2.2 NAME	Sidor, Beverly	
STREET ADDRESS	147 A E RIVER RD	2.3 STREET ADDRESS	P.O. Box 421 N/A	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	Hollister, Fl. 32147	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	PLESS,MARTHA	3.2 NAME		
STREET ADDRESS	125 GREN DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE	D	☐ Change ☒ Addition
NAME		4.2 NAME	Gabel, Patricia	
STREET ADDRESS		4.3 STREET ADDRESS	RD1 Box 691C N/A	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	E. Palatka, Fl. 32131	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arlene A Tubman 2/8/95 904-698-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Arlene A. Tubman

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