

DOCUMENT # N51380

1. Entity Name

WOMEN'S AUXILIARY OF THE AMERICAN LEGION BERT HO

Principal Place of Business

Mailing Address

P.O. BOX 5
PALATKA FL 32178
US

P.O. BOX 5
PALATKA FL 32178-0005
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2205597

Applied For

Not Applicable

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

TUBMAN, ARLENE A
HC 1, BOX 2132
SATSUMA FL 32189

Name **Robin Hightes-Smith**

Street Address (P.O. Box Number is Not Acceptable)
408 PHEASANT RD

City **SATSUMA**

FL

Zip Code
32189

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME TUBMAN, ARLENE
STREET ADDRESS HC3 BOX 132 N/A
CITY-ST-ZIP SATSUMA FL

TITLE **Robin Hightes-Smith** ☐ Change ☐ Addition
NAME
STREET ADDRESS **408 PHEASANT RD**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE TD ☐ Delete
NAME VALDES, DEBBIE
STREET ADDRESS STATE RD 3, BOX 1352G
CITY-ST-ZIP SATSUMA FL 32189

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PLESS, MARTHA
STREET ADDRESS 125 GREN DR
CITY-ST-ZIP PALATKA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Delete
NAME TUBMAN, ARLENE
STREET ADDRESS HC 1, BOX 2132
CITY-ST-ZIP SATSUMA FL 32189

TITLE **Robin Hightes-Smith** ☐ Change ☐ Addition
NAME
STREET ADDRESS **408 PHEASANT RD**
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90086 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)