

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003043 (5)

1. Corporation Name

DEPARTMENT OF FLORIDA LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS, INC.



Principal Place of Business

**420 HOWARD AVENUE
LAKELAND FL 33801**

Mailing Address

**420 HOWARD AVENUE
LAKELAND FL 33801**

3. Date Incorporated or Qualified

06/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HODGES, GEOFFREY T
501 E. KENNEDY BLVD.
SUITE 1400
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81

Name

DIELENS, ANN

82

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

420 HOWARD AVENUE

83

84

City

LAKELAND

FL

85

Zip Code

33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Ann Diekens

ANN DIELENS, SECRETARY-TREASURER

4/4/96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAUERMEISTER, COOKIE	
STREET ADDRESS	7650-4 FOREST TRAIL	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BAUMGARTEN, ANNIS	
STREET ADDRESS	2297 SUMMIT BLVD.	
CITY-ST-ZIP	W. PALM BEACH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENNETT, NELDA A	
STREET ADDRESS	206 MARGARETE DRIVE	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOCHOWSKI, BETTY L	
STREET ADDRESS	10960 109TH LANE N.	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUOTE, PAT	
STREET ADDRESS	3117 BRIGHT DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34691-4802	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURNETTE, LINDA A	
STREET ADDRESS	1799 W. HIGHLAND AVENUE, #164N	
CITY-ST-ZIP	CLEARWATER FL 34615	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NELSEN, MICKEY KAYE	
1.3 STREET ADDRESS	446 SEGOVIA ROAD	
1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	QUARTARONE, ROSETTA	
2.3 STREET ADDRESS	407 S.W. LACONIC AVE	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIELENS, ANN	
3.3 STREET ADDRESS	420 HOWARD AVENUE	
3.4 CITY-ST-ZIP	LAKELAND, FL 33801	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DORTON, ANNE	
4.3 STREET ADDRESS	474 RIVER DRIVE	
4.4 CITY-ST-ZIP	DEBARY, FL 32713	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BAUERMEISTER, COOKIE	
6.3 STREET ADDRESS	7650-4 FOREST TRAIL	
6.4 CITY-ST-ZIP	PORT RICHEY, FL 34668	

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)(k), 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:

Ann Diekens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANN DIELENS, SECRETARY TREASURER

Date

4/4/96

Daytime Phone #

941-687-0112

CR2E037 (12/95)