

FILE NOW: FILING FEE IS \$61.25

FILED
May 21 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

Mailing Address

420 HOWARD AVENUE
LAKELAND FL 33801

420 HOWARD AVENUE
LAKELAND FL 33801

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

23-7326563

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIELENS, ANN
420 HOWARD AVENUE
LAKELAND FL 33801

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME QUARTARONE, ROSETTA
STREET ADDRESS 407 SW LACONIC AVE
CITY-ST-ZIP PORT ST LUCIE FL ☒ DELETE

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME ANNE DORTON
1.3 STREET ADDRESS 474 RIVER DR
1.4 CITY-ST-ZIP DEBARY FL 32713

TITLE SVP
NAME DORTON, ANNE
STREET ADDRESS 474 RIVER DR
CITY-ST-ZIP DEBARY FL ☒ DELETE

2.1 TITLE SVP ☒ Change ☐ Addition
2.2 NAME PAT BLUTE
2.3 STREET ADDRESS 3117 BRIGHT DR
2.4 CITY-ST-ZIP HOLIDAY FL 34691

TITLE T
NAME DIELENS, ANN
STREET ADDRESS 420 HOWARD AVENUE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS SAME ☐ Change ☐ Addition
3.4 CITY-ST-ZIP

TITLE D
NAME BUOTE, ELSIE MAE
STREET ADDRESS 3117 BRIGHT DR
CITY-ST-ZIP HOLIDAY FL ☒ DELETE

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME CARLISLE ANITA JOAN
4.3 STREET ADDRESS 4326 ORANGE GROVE BLVD
4.4 CITY-ST-ZIP N. FT MYERS FL 33903

TITLE D
NAME CARLISLE, ANITA JOAN
STREET ADDRESS 4326 ORANGE GROVE BLVD
CITY-ST-ZIP N FT MYERS FL ☐ DELETE

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME LINDA BURNETTE
5.3 STREET ADDRESS 1799 N HIGHLAND AVE #55T
5.4 CITY-ST-ZIP CLEARWATER FL 33755

TITLE D
NAME BURNETTE, LINDA
STREET ADDRESS 1799 N HIGHLAND AVE., #55T
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME MAREE WILLIAMS
6.3 STREET ADDRESS 6193 108th AVE N
6.4 CITY-ST-ZIP PINELLAS PARK FL 33782

14. 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 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 DIELENS TREASURER 5/1/98 941-689-0112

CR2E037 (10/97)