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**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90238 016 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000003043**

1. Corporation Name

**DEPARTMENT OF FLORIDA LADIES AUXILIARY TO THE VE  
TERANS OF FOREIGN WARS, INC.**

Principal Place of Business

420 HOWARD AVENUE  
LAKELAND FL 33801

Mailing Address

420 HOWARD AVENUE  
LAKELAND FL 33801



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

06/26/1995

4. FEI Number

23-7326563

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

9. Name and Address of Current Registered Agent

**DIELENS, ANN**  
**420 HOWARD AVENUE**  
**LAKELAND FL 33801**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **P**  
**DORTON, ANNE**  
STREET ADDRESS **474 RIVER DR**  
CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ DELETE

NAME **SVP**  
**BUOTE, PAT**  
STREET ADDRESS **3117 BRIGHT DR**  
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **D**  
**CARLISLE, ANITA JOAN**  
STREET ADDRESS **4326 ORANGE GROVE BLVD**  
CITY-ST-ZIP **N FT MYERS FL 33903**

TITLE ☐ DELETE

NAME **D**  
**BURNETTE, LINDA**  
STREET ADDRESS **1799 N HIGHLAND AVE 55T**  
CITY-ST-ZIP **CLEARWATER FL 33755**

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **P**  
**BUOTE PAT**  
1.3 STREET ADDRESS **3117 BRIGHT DR**  
1.4 CITY-ST-ZIP **HOLIDAY FL 34691**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SVP**  
**LINDA BURNETTE**  
2.3 STREET ADDRESS **1799 N HIGHLAND AVE # 55T**  
2.4 CITY-ST-ZIP **CLEARWATER FL 33755**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D**  
**WILLIAMS MARIE**  
4.3 STREET ADDRESS **6193 108th AVE NORTH**  
4.4 CITY-ST-ZIP **PINELLAS PARK FL 33782**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D**  
**PLANT, LUCILLE**  
5.3 STREET ADDRESS **1914 PEREGRINE PLACE**  
5.4 CITY-ST-ZIP **MIDDLEBURG FL 32068**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **D**  
**VILLIAUME JANET**  
6.3 STREET ADDRESS **5744 CALAIS BLVD #7**  
6.4 CITY-ST-ZIP **ST PETERSBURG FL 33714**

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, with all other like empowered.

SIGNATURE:

**ANN DIELENS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/99**  
Date

**941-687-0112**  
Daytime Phone #

CR2E037 (11/98)