2002 UNIFORM BUSINESS REPORT (UBR)

1

FILED
Mar 12, 2002 8:00 am
Secretary of State
01-31-2002 90006 009 ****61.25

DOCUMENT # N95000003043

1. Entity Name

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

Principal Place of Business	Mailing Address
116 BAYSHORE CT NE FT WALTON BEACH FL 32548	PO BOX 1597 FT WALTON BEACH FL 32549

17174

DO NOT WRITE IN THIS SPACE

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 23-7326563 ☐ 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
ROSE, JOYCE E 116 BAYSHORE CT NE FORT WALTON BEACH FL 32548	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Joyce E. Rose 1/10/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROSE, JOYCE E 116 BAYSHORE CT NE FORT WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President L. LUCILLE PLANT 1914 Peregrine Place MIDDLEBURG, FL. 32068	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C AMBACH, RAE 12 BIRD HAVEN PL PALM COAST FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SR. VICE PRESIDENT RAE AMBACH 12 BIRD HAVEN PL. PALM COAST, FL. 32137	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST DIELENS, ANN 420 HOWARD AVENUE LAKELAND FL 33801	☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JR. VICE PRESIDENT KAREN DIEHL 6122 NW DAROCO TERRACE ST. LUCIE, FL. 34986	☐ Change ☒ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WILLIAMS, MARIE 6193 108TH AVE N PINELLAS FL 33782	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary marie WILLIAMS 6193 108th AVE N. PINELLAS, FL. 33782	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP PLANT, LUCILLE 1914 PEREGRINE PLACE MIDDLEBURG FL 32068	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Joyce E. Rose 116 Bayshore CT NE Ft. Walton Beach, FL. 32548	☐ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JVP VILLIAUME, JANET 5744 CALAIS BLVD 7 ST PETERSBURG FL 33714	☒ Delete Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chaplain Jean C. Hamil 9200 Rojo CT. ORLANDO FL. 32817	☐ Change ☒ Addition D

CR2E037 (9/01)

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 REQUIRED Joyce E. Rose Treasurer 1/10/02 850-244-0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #