

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90040 036 ****61.25

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1. Entity Name

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



Principal Place of Business

116 BAYSHORE CT NE
FT WALTON BEACH FL 32548

Mailing Address

PO BOX 1597
FT WALTON BEACH FL 32549

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

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

ROSE, JOYCE E
116 BAYSHORE CT NE
FORT WALTON BEACH FL 32548

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joyce E. Rose
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-24-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SWIFT-MARTIN, FLORA
STREET ADDRESS 514 LEMON ST.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE PT ☒ Delete
NAME AMBACH, RAE
STREET ADDRESS 12 BIRD HAVEN PL
CITY-ST-ZIP PALM COAST FL 32137

TITLE VPD ☐ Delete
NAME DIEHL, KAREN
STREET ADDRESS 6122 NW DAROCO TERRACE
CITY-ST-ZIP SAINT LUCIE FL 34986

TITLE ST ☒ Delete
NAME WILLIAMS, MARIE
STREET ADDRESS 6193 108TH AVE N
CITY-ST-ZIP PINELLAS PARK FL 33782

TITLE T ☐ Delete
NAME ROSE, JOYCE E
STREET ADDRESS 116 BAYSHORE CT NE
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE DVP ☐ Delete
NAME HAMIL, JEAN C
STREET ADDRESS 9200 ROKO CT
CITY-ST-ZIP ORLANDO FL 32817

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE OFFICER ☐ Change ☒ Addition
NAME Barbara Murray
STREET ADDRESS 2143 Pinewood Circle
CITY-ST-ZIP Naples, FL 34105-2543
(GR. Vice President)

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

TITLE Sec. ☐ Change ☒ Addition
NAME Leona Mc Dermott
STREET ADDRESS 4444 Royal Fern Way
CITY-ST-ZIP Palm Beach Gardens, FL 33410
Secretary

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Joyce E. Rose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-04

Date

850-244-0913

Daytime Phone #