


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 002 ****61.25

DOCUMENT # N95000003043	
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
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50004699



01112005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address		4. FEI Number 23-7326563		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

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

SIGNATURE *Joyce E. Rose* *Treasurer* *1/11/05*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SWIFT-MARTIN, FLORA			NAME			
STREET ADDRESS	514 LEMON ST.			STREET ADDRESS			
CITY-ST-ZIP	AUBURNDAL, FL 33823			CITY-ST-ZIP			
TITLE	OJV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURRAY, BARARA			NAME			
STREET ADDRESS	2143 PINWOOD CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 341052543			CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	OJV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIEHL, KAREN			NAME	Fran Prata		
STREET ADDRESS	6122 NW DAROCO TERRACE			STREET ADDRESS	5807 SW 89TH LANE		
CITY-ST-ZIP	SAINT LUCIE, FL 34986			CITY-ST-ZIP	Fr. Lauderdale, FL 33328-5173		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCDURMOTT, LEONA			NAME	Marie Williams		
STREET ADDRESS	4444 ROYAL FERN WAY			STREET ADDRESS	P.O. Box 1330		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410			CITY-ST-ZIP	PINELLAS PARK, FL 33780-1330		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSE, JOYCE E			NAME			
STREET ADDRESS	116 BAYSHORE CT NE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548			CITY-ST-ZIP			
TITLE	DVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMIL, JEAN C			NAME			
STREET ADDRESS	9200 ROKO CT			STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32817			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* *1-11-05* *850-240-4079*
Signature and typed or printed name of signing officer or director Date Daytime Phone #