

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 042 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE CR2E037 (10/05)

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

SIGNATURE

Joyce E. Rose

Treasurer

3/16/06

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
Due By May 1, 2006

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	<input type="checkbox"/> Delete
NAME	SWIFT-MARTIN, FLORA	
STREET ADDRESS	514 LEMON ST.	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	OJV	<input type="checkbox"/> Delete
NAME	MURRAY, BARARA	
STREET ADDRESS	2143 PINWOOD CIRCLE	
CITY-ST-ZIP	NAPLES FL 34105-2543	
TITLE	OJV	<input checked="" type="checkbox"/> Delete
NAME	PRAZA, FRAN	
STREET ADDRESS	5807 SW 89TH LANE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33328-5173	<i>update</i> →
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, MARIE	
STREET ADDRESS	P.O. BOX 1330	
CITY-ST-ZIP	PINELLAS PARK FL 33780-1330	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSE, JOYCE E	
STREET ADDRESS	116 BAYSHORE CT NE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	DVP	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	OJV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAN GAULT	
STREET ADDRESS	4439 SW 53 Terrace	
CITY-ST-ZIP	OCALA, FL. 34474	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DVP	
STREET ADDRESS	JODI NERNLY	
CITY-ST-ZIP	513 NW 9th Ct. Homestead, FL. 33030	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Treasurer

03/16/06

850-240-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #