

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

4. FEI Number

23-7326563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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

Treasurer
(NOTE: Registered Agent signature required when reinstating)

3/16/06
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 ☐ Delete
NAME SWIFT-MARTIN, FLORA
STREET ADDRESS 514 LEMON ST.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE OJV ☐ Delete
NAME MURRAY, BARARA
STREET ADDRESS 2143 PINWOOD CIRCLE
CITY-ST-ZIP NAPLES FL 34105-2543

TITLE OJV ☒ Delete
NAME PRAZA, FRAN
STREET ADDRESS 5807 SW 89TH LANE
CITY-ST-ZIP FORT LAUDERDALE FL 33328-5173
update →

TITLE S ☐ Delete
NAME WILLIAMS, MARIE
STREET ADDRESS P.O. BOX 1330
CITY-ST-ZIP PINELLAS PARK FL 33780-1330

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

TITLE OJV ☒ Change ☒ Addition
NAME FRAN GAULT
STREET ADDRESS 4439 SW 53 Terrace
CITY-ST-ZIP Ocala, FL. 34474

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

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

TITLE DVP ☒ Change ☒ Addition
NAME JODI NERNLEY
STREET ADDRESS 513 NW 9th Ct.
CITY-ST-ZIP 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 #