

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003043

FILED
Feb 20, 2010
Secretary of State

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

Current Principal Place of Business:

8463 SW 84 LOOP
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

PO BOX 773490
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 23-7326563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROSE, JOYCE E
8463 SW 84 LOOP
OCALA, FL 34481 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: O/P
Name: ROMAN, KATHY
Address: 1562 JEFFORDS ST.
City-St-Zip: CLEARWATER, FL 33756

Title: O/SV
Name: CRANE, SHEILA
Address: 11019 SE 170TH LANE ROAD
City-St-Zip: SUMMERVILLE, FL 34491

Title: O/JV
Name: TRIVETT, NANCY
Address: 15666 49TH STREET N LOT 1000
City-St-Zip: CLEARWATER, FL 33762

Title: D
Name: LOVE, LAURA
Address: 2634 CRITTENDON STREET
City-St-Zip: NORTHPORT, FL 34285

Title: O/T
Name: ROSE, JOYCE E
Address: 8463 SW 84 LOOP
City-St-Zip: OCALA, FL 34481

Title: D
Name: MCDERMOTT, LEONA
Address: 4444 ROYAL FERN WAY
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE E. ROSE

TREA

02/20/2010

Electronic Signature of Signing Officer or Director

Date