

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003043

FILED
Mar 07, 2012
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:

P. O. 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: TRIVETT, NANCY
Address: 15666 49TH ST N LOT 1000
City-St-Zip: CLEARWATER, FL 33762

Title: O/SV
Name: LEE, HARRIS
Address: 9851 GILCHRIST DR
City-St-Zip: SEFFNER, FL 33584

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

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

Title: O/JV
Name: MCCOLLUM, DEBBIE
Address: 5137 SCARSDALE MANOR LANE
City-St-Zip: ORLANDO, FL 32818

Title: O
Name: KOSER, LOUISE
Address: 65 CORAL SEA WAY # 6
City-St-Zip: SATELLITE BEACH, FL 32937

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

03/07/2012

Electronic Signature of Signing Officer or Director

Date