

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90187 012 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

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
**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 Treasurer 3-24-03
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

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 NAME STREET ADDRESS CITY-ST-ZIP	PT PLANT, L LUCILLE 1914 PARAGINE PLACE MIDDLEBURG FL 32068 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD AMBACH, RAE 12 BIRD HAVEN PL PALM COAST-FL-32137 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JVPD DIEHL, KAREN 6122 NW DAROCO TERRACE SAINT LUCIE FL 34986 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLIAMS, MARIE 6193 108TH AVE N PINELLAS PARK FL 33782 <input type="checkbox"/> Delete <i>Same</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROSE, JOYCE E 116 BAYSHORE CT NE FORT WALTON BEACH FL 32548 <input type="checkbox"/> Delete <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HAMIL, JEAN C 9200 ROKO CT ORLANDO FL 32817 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (PT) RAE, Ambach 12 Bird Haven Pl. Palm Coast, FL. 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.V.P. (D) Diehl, Karen 6122 N.W. Daroco Terr. St. Lucie, FL. 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary (T) Marie Williams 6193 108th Ave N. Pinellas Park, FL. 33782 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Off. Vice Pres (D) Hamil, Jean C. 2926 N. Chickasaw Trail Orlando, FL. 32817 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(D) Flora Swift-Martin 514 Lemon St. Auburndale, FL. 33823 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Joyce Rose 116 Bayshore Ct NE FT WALTON BEACH, FL 32548 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Treasurer 3/20/03 850-240-4079
SIGNATURE REQUIRED

CR2E037 (10/02)