

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90128 007 ****61.25

DOCUMENT # N96000002828



1. Entity Name
**HARRY F. NESBITT AUXILIARY TO POST NO 10087,
LADIES AUXILIARY TO THE VETERANS OF FOREIGN
WARS OF**

Principal Place of Business
**2170 W. VETS LANE
BEVERLY HILLS, FL 34465**

Mailing Address
**POB 650086
BEVERLY HILLS, FL 34465**

40123333



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2040018

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

**FAUNCE, JUANITA
10306 N EMERALD WAY
CITRUS SPRINGS, FL 34434**

Name
MARY LINDA KING
Street Address (P.O. Box Number is Not Acceptable)
2722 W. Edison PL

City **Citrus Springs** FL Zip Code **34433-6109**

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 *Mary Linda King*
Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

7/14/07
DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P FAUNCE, JUANITA**
STREET ADDRESS **10306 N EMERALD WAY**
CITY-ST-ZIP **DUNNELLON, FL 34434**

TITLE ☒ Change ☐ Addition
NAME **BETTE RINGWOOD**
STREET ADDRESS **4601 N. DAVIS ST.**
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE ☐ Delete
NAME **VP MCALLSITER, ARIENE**
STREET ADDRESS **618 W BUTTONBUSH DR**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☒ Change ☐ Addition
NAME **VP PROVIDENCE RODRIGUEZ**
STREET ADDRESS **9530 N. AKOLAWAY**
CITY-ST-ZIP **CITRUS SPRINGS, FL 34434**

TITLE ☐ Delete
NAME **T O'BRIEN, SHARON**
STREET ADDRESS **3565 N MAPLETREE POINT**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☒ Change ☐ Addition
NAME **T MARY LINDA KING**
STREET ADDRESS **2722 W Edison PL**
CITY-ST-ZIP **CITRUS SPRINGS, FL 34433-6109**

TITLE ☐ Delete
NAME **S GARVEY, DONNA**
STREET ADDRESS **4975 N CELOSIA TERR**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☒ Change ☐ Addition
NAME **S JOYCE KOCIELKO**
STREET ADDRESS **4554 PINE RIDGE Blvd.**
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE ☐ Delete
NAME **C FOOR, BRENDA**
STREET ADDRESS **233 S HARRISON ST**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☐ Change ☐ Addition
NAME **BRENDA FOOR**
STREET ADDRESS **233 S. HARRISON ST**
CITY-ST-ZIP **Beverly Hills, FL 34465**

TITLE ☐ Delete
NAME **T CONLEY, AVIS**
STREET ADDRESS **310 S JACKSON**
CITY-ST-ZIP **BEVERLY HILLS, FL 34465**

TITLE ☒ Change ☐ Addition
NAME **T LORRAINE BLIER**
STREET ADDRESS **79 S. TERRY ST.**
CITY-ST-ZIP **Beverly Hills FL 34465**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Mary Linda King, Treasurer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/07 352-465-6051
Date Daytime Phone #