2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N96000002828

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



FILED Jan 17, 2008 08:00 AM **Secretary of State**

Principal Place of Business

2170 W. VETS LANE **BEVERLY HILLS, FL 34465** Mailing Address

POB 650086

BEVERLY HILLS, FL 34465



01142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2040018 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

KING, MARY L 2722 W. EDISEN PL CITRUS SPRINGS, FL 34433

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the above names (emity submits statement for the purpose of changing its registered agent, or both, in the state of Horida. Fair familiar with, and accept the obligations of registered agent. Signature, typed of printed name of egistered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000788388 01/18/08-80039-010 70.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINGWOOD, BETTIE 4001 N DAVIS ST BEVERLY HILLS, FL 34465 VP	CTORS				
NAME STREET ADDRESS CITY-ST-ZIP	RODRIGUEZ, PROVIDENCE 9530 N. AKOLAWAY DUNNELLON, FL 34434					
NAME STREET ADDRESS CITY-ST-ZIP	T KING, MARY LINDA 2722 W. EDISON PL CITRUS SPRING, FL 34433		DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KOLIELKO, JOYCE 4554 PINE RIDGE BLVD BEVERLY HILLS, FL 34465		IN THIS SPACE			
TITLE NAME STREET ADORESS CITY-ST-ZIP	C FOOR, BRENDA 233 S HARRISON ST BEVERLY HILLS, FL 34465					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BLIER, LORRAINE 79 S. JEFFREY ST BEVERLY HILLS, FL 34465			····	the second secon	

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: