

FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005385 (7)**

1. Corporation Name

**THE LADIES' AUXILIARY OF POST #3 OF THE REGULAR  
VETERANS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**3621 CENTURY BOULEVARD  
LAKELAND FL 33811**

**3621 CENTURY BOULEVARD  
LAKELAND FL 33811**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified <b>10/21/1996</b>	
4. FEI Number <b>59-3261216</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATSON, STEPHEN C  
101 SOUTH FLORIDA AVENUE  
LAKELAND FL 33801**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRELL, KAREN V	
STREET ADDRESS	3066 SHOAL CREEK DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMMOCK, DONNA	
STREET ADDRESS	2061 EAST KEYSVILLE RD	
CITY-ST-ZIP	LITHIA FL 33547	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTTS, LOU	
STREET ADDRESS	415 MARTHA STREET	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, CANDY P	
STREET ADDRESS	C/O 3621 CENTURY BLVD.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRUCE, SANDY	
STREET ADDRESS	C/O 3621 CENTURY BLVD.	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DAWES, GLADYS	
STREET ADDRESS	C/O 3621 CENTURY BLVD.	
CITY-ST-ZIP	LAKELAND FL 33811	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P Carole Wyatt
4.3 STREET ADDRESS	375 Brannen Road #53
4.4 CITY-ST-ZIP	Lakeland, FL 33813
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	T Tonya Cathey
6.3 STREET ADDRESS	c/o 3621 Century Blvd.
6.4 CITY-ST-ZIP	Lakeland, FL 33811

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carole Wyatt* **REQUIRED**

January 10, 1998 (941) 648-9331

CR2E037 (10/97)