NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600005385

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

FILED Apr 09, 1999 8:00 am Secretary of State

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Suite, Apt. #, etc. Suite, Apt. #, etc.		· — — — — — — — — — — — — — — — — — — —					ļ	 Date Incorporated or Qualified 10/21/1996 					
Separation Section S		#. etc.	<u> </u>								Applie	d For	
City & State Ci	22	.,	27					59-3261216			Not Ar	plicable	
Zip	City & State	е	City & State	City & State				5. Certifcate of Status Desired		•			
3. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the projectors of Sections 617 0500, and 617 1500 Fibridia Statutes. The above-among the projectors of Sections 617 0500, and 617 1500 Fibridia Statutes, the above-among the projectors of Sections 617 0500, and 617 1500 Fibridia Statutes, the above-among the projectors of Sections 617 0500, and 617 1500 Fibridia Statutes, the above-among the statement for the purpose of changing its registered office or registered speeds agent. I am definition with, and accept the obligations of Section 617 8500, Fibridia Statutes, the above-among the statement for the purpose of the purpose of the specific project agent. I am definition with, and accept the obligations of Section 617 8500, Fibridia Statutes, the above-among the statement for the purpose of the purpose of the specific project agent. I am definition with, and accept the obligations of Section 617 8500, Fibridia Statutes, the above-among the statement for the purpose of the purpo	23)							6 Flortion Compaign Financing		\$5.	חח אם		
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 32 Street Address (P.O. Box Number is Not Acceptable) 33 Barbar Address of New Registered Agent 34 City TL 95 Zip Code 35 Zip Code 36 City TL 95 Zip Code 36 City TL 95 Zip Code 37. Pursuant to the projections of Sections 617 1500 Flyrias Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered objects or register													
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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 of 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 an antachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941) 648 92 Dayline Phone #