

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90412 045 ****61.25

DOCUMENT # N96000005385

1. Entity Name

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



Principal Place of Business

**3621 CENTURY BOULEVARD
LAKELAND FL 33811**

Mailing Address

**3621 CENTURY BOULEVARD
LAKELAND FL 33811**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3261216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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 **D** ☐ Delete
NAME **FERRELL, KAREN V**
STREET ADDRESS **3066 SHOAL CREEK DRIVE**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ Delete
NAME **HAMMOCK, DONNA**
STREET ADDRESS **2061 EAST KEYSVILLE RD**
CITY-ST-ZIP **LITHIA FL 33547**

TITLE **D** ☐ Delete
NAME **BUTTS, LOU**
STREET ADDRESS **415 MARTHA STREET**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **S** ☐ Delete
NAME **CRUCE, SANDY**
STREET ADDRESS **C/O 3621 CENTURY BLVD.**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **P** ☐ Delete
NAME **CATHEY, TONYA**
STREET ADDRESS **3621 CENTURY BLVD**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 863
648 9331

CR2E037 (10/02)