


FILE NOW: FILING FEE IS \$61.25

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90159 049 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N96000005631

1. Corporation Name

LADIES AUXILIARY TO POST 8698 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORPORATED

Principal Place of Business

520 EAST HIGHWAY 40
INGLIS FL 34449

Mailing Address

POST OFFICE BOX 204
INGLIS FL 34449-0204



| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/04/1996 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number NOT APPLICABLE | |
| 22 | City & State | 27 | City & State | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 23 | Zip | 28 | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 | Country | 29 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

**COPELAND, PATRICIA
520 EAST HIGHWAY 40
INGLIS FL 34449**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Patricia Copeland P.O.

(NOTE: Registered Agent signature required when reinstating)

3-1-99

DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------|---------------------------------|--|---|---|--|--|
| TITLE | PD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Addition | | |
| NAME | COPELAND, PATRICIA | | | 1.2 NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 520 E HIGHWAY 40 | | | 1.3 STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | INGLIS FL 34449 | | | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Addition | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Addition | | |
| NAME | LEONHARDT, MARGE | | | 2.2 NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 520 EAST HIGHWAY 40 | | | 2.3 STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | INGLIS FL | | | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Addition | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Addition | | |
| NAME | GASCAY, TERRY | | | 3.2 NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | 520 EAST HIGHWAY 40 | | | 3.3 STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | INGLIS FL | | | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Addition | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | <input type="checkbox"/> Addition | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | <input type="checkbox"/> Addition | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

Note - No changes in the Directors.

Your Instructions are a bit confusing, so the Director signed Both

Lines 11 + Line 14

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, with all other like empowered.

SIGNATURE:

Patricia Copeland P.O.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-99

DATE

352-447-3495

DAYTIME PHONE #

CR2E037 (11/98)