

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90017 012 ****61.25

DOCUMENT # N96000005631					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01202006 Chg-NP CR2E037 (11/05)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEONHARDT, MARJORIE 520 E HWY 40 INGLIS, FL 34449			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME LEONHARDT, MARJORIE STREET ADDRESS 520 E HSY 40 CITY-ST-ZIP INGLIS, FL 34449	<input type="checkbox"/> Delete		TITLE NAME 520 E HWY 40 STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME COOPER, PAULETTE STREET ADDRESS 520 EAST HIGHWAY 40 CITY-ST-ZIP INGLIS, FL 34449	<input type="checkbox"/> Delete		TITLE VIT NAME KATHLEEN ADDISON STREET ADDRESS 520 E HWY 40 CITY-ST-ZIP INGLIS FL 34449	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME BOYMER, LYNDIA STREET ADDRESS 520 EAST HIGHWAY 40 CITY-ST-ZIP INGLIS, FL 34449	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BOYMER, LYNDIA STREET ADDRESS 520 E HWY 40 CITY-ST-ZIP INGLIS, FL 34449	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME LINDA TORRES STREET ADDRESS 520 E HWY 40 CITY-ST-ZIP INGLIS FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE T NAME JEAN DUNMIRE STREET ADDRESS 520 E HWY 40 CITY-ST-ZIP INGLIS FL 34449	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. 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: <i>Marjorie Leonhardt</i>			2-15-06 1-352 447-3495		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		