2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



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

	1. Entity Nam	AUXILIARY TO POST 8698 N WARS OF THE UNITED	3 VETERANS OF			Secre 02-23-20	etary (906 90017 0		
	Principal Plac 520 EAST HI INGLIS, FL 3	GHWAY 40	Mailing Address POST OFFICE BOX 204 INGLIS, FL 34449-0204				· .		
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	2. Principal P	face of Business	3. Mailing Address						
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0120	02006 Chg-NP	CR2E03	37 (11/05)	
	City & State	е	City & State	 	4. FE	I Number OT APPLICABLE			oplied For
ŀ	Zip	Country	Zip	Country		rtificate of Status Desir		\$8.75 Add	
ŀ	·· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Curren	t Registered Agent			me and Address of Ne		Fee Require	d
l			r regional rigent	Name		ine and Address (4 (4	a velipresen		_ :
	LEONHARDT, MARJORIE 520 E HWY 40				idress (P.O. Bo	Number is Not Accep	table)		
1	INGLIS, FL	_ 34449 () ¹ 1							
		•		City			FL	Zip Cod	e
Ì	8. The above	named entity submits this statement t	for the purpose of changing its re-	gistered office or	registered ager	nt, or both, in the State	of Florida. I am	familiar with,	and accept
	the obligat	ions of registered agent.							
-1									
1	SIGNATURE.							<u> </u>	
		Signature, typed or printed name of registered ager	nt and title of applicable. (NOTE: Re	egistered Agent signatur	re required when rem	stating)	DATE		
	· *,	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con	aign Financing	\$5.00) May Be	Make chec)		
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	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D P LEONHARDT, MARJORIE 520 E HSY 40 INGLIS, FL 34449 V COOPER, PAULETTE 520 EAST HIGHWAY 40	9. Election Campa Trust Fund Con	aign Financing Itribution. [11. ITILE NAME STREET ADDRESS CRY-ST-ZP	\$5.00 Added ADDITIO	May Be to Fees	Make check Florida Depar FICERS AND DIE	TECTORS IN	tate I 10
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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 11 or Block 11 if changed, or on an attachment with an address, with all other like smpowered.