

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005631

FILED
Jan 20, 2009
Secretary of State

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

Current Principal Place of Business:

520 EAST HIGHWAY 40
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 204
INGLIS, FL 344490204

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BALLARD, TRISH
720 E. HWY 90
INGLIS, FL 39449 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BAILARD, TRISH
Address: 520 E. HWY. 40
City-St-Zip: INGLIS, FL 34449

Title: V/T () Delete
Name: BJORK, CINDY
Address: 520 E. HWY. 40
City-St-Zip: INGLIS, FL 34449

Title: T () Delete
Name: DUTKEIWICXZ, KATHY
Address: 520 E. HWY. 40
City-St-Zip: INGLIS, FL 34449

Title: S () Delete
Name: MCDUFFIE, DEBBIE
Address: 520 E. HWY 40
City-St-Zip: INGLIS, FL 339449

Title: T () Delete
Name: SCARBOROUGH, MARIANNE
Address: 520 EAST HWY 40
City-St-Zip: INGLIS, FL 34449

Title: T () Delete
Name: MACAULAY, LINDA
Address: 520 E. HWY 40
City-St-Zip: INGLIS, FL 34449

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY BJORK

V/T

01/20/2009

Electronic Signature of Signing Officer or Director

Date