

DOCUMENT # N97000006226

1. Entity Name

ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY, I

Principal Place of Business

1965 STATE ROAD #16
ST. AUGUSTINE FL 32084

Mailing Address

PO BOX 840149
SAINT AUGUSTINE FL 32084
US

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

59-3477803

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOWLES, LINDA
694 ALEIDA DRIVE
ST. AUGUSTINE FL 32086

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
GROSSMAN, TANIYA S
650 WEST POPE ROAD, APT. 245
ST. AUGUSTINE FL 32084 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BOWLES, LINDA
694 ALEIDA DRIVE
ST. AUGUSTINE FL 32084 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
Bowles Linda
390-Aleida Beach Blvd A-3
ST. Augustine Beach FL 32080 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
RAMOS, ELIZABETH
694 ALEIDA DRIVE
ST. AUGUSTINE FL 32084 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
RAMOS ELIZABETH
263 ALMAHA DR.
ST. AUGUSTINE FL 32086 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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

Date

Daytime Phone #

01/08/001

904-471-1747

CR2E037 (10/00)

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