

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90041 001 \*\*\*140.00

**DOCUMENT # N97000006226**

1. Entity Name

**ALLIED VETERANS OF THE WORLD WOMENS  
AUXILIARY, INC: HEADQUARTERS POST #1**



Principal Place of Business

1965 STATE ROAD #16  
ST. AUGUSTINE FL 32084

Mailing Address

PO BOX 840149  
SAINT AUGUSTINE FL 32080  
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**

6. Name and Address of Current Registered Agent

**BOWLES, LINDA  
694 ALEIDA DRIVE  
ST. AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name

**Bowles Linda**

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

**890 A1A Beach Blvd #74**

City

**ST. AUGUSTINE**

FL

Zip Code

**32080**

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

**Linda Bowles**

**PRESIDENT HQ AUX.**

**2-2-04**

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  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PDT** ☐ Delete  
NAME **BOWLAS, LINDA**  
STREET ADDRESS **390 A1A BCH BLVD A-3**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

TITLE **VPT** ☐ Delete  
NAME **HOPKINS, MICHELLE**  
STREET ADDRESS **625 CHURCH RD.**  
CITY-ST-ZIP **ELKTON FL 32033**

TITLE **ST** ☐ Delete  
NAME **SOLANA, SANDY**  
STREET ADDRESS **268 YARBOROUGH CIRCLE**  
CITY-ST-ZIP **SAINT AUGUSTINE FL 32095**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDT** ☒ Change ☐ Addition  
NAME **Bowles Linda**  
STREET ADDRESS **890 A1A Beach Blvd #74**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

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

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CITY-ST-ZIP

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

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: Linda Bowles Linda Bowles**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/2/04 904-471-1747**

Date

Daytime Phone #