

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90116 001 ***140.00



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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 OBX 840149
 SAINT AUGUSTINE FL 32080
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

City & State

4. FEI Number
59-3477803

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOWLES, LINDA
 890 A1A BEACH BLVD #74
 SAINT AUGUSTINE FL 32080**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

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 **890 A1A BEACH BLVD #74**
 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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPT** Change Addition
 NAME **WOODALL SANDY**
 STREET ADDRESS **255 ATLANTIS CIRCLE 305-D**
 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

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 exemptions contained in Section 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: Linda Bowles Linda Bowles 1-28-06 904 471-1747