



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

\$ 70.00

DOCUMENT # N97000006226 1. Entity Name ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY, INC: HEADQUARTERS POST #1						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">07 JAN 12 PM 12:15</div> <div style="font-size: 0.8em; opacity: 0.5;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 	
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 - No P.O. Box # .				3. Mailing Address .			
Suite, Apt. #, etc. .				Suite, Apt. #, etc. .			
City & State .				City & State .			
Zip .		Country .		Zip .		Country .	
4. FEI Number 59-3477803				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BOWLES, LINDA 890 A1A BEACH BLVD #74 SAINT AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name . Street Address (P.O. Box Number is Not Acceptable) . City .			
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.				<div style="text-align: right; font-size: 1.2em; font-weight: bold;">800085636888</div> <div style="text-align: right; font-size: 1.1em;">01/23/07--01003--023 **953.75</div>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT BOWLAS, LINDA 890 A1A BEACH BLVD #74 SAINT AUGUSTINE, FL 32080			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WOODALL, SANDY 255 ATLANTIS CIRCLE 305-D SAINT AUGUSTINE, FL 32080			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SOLANA, SANDY 268 YARBOROUGH CIRCLE SAINT AUGUSTINE, FL 32095			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE: <i>Sandy Solano</i> <i>Sandy Solano</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="width: 35%;"> <div style="text-align: right; font-size: 1.1em;">1/12/07 904-826-977</div> <small>Date Daytime Phone #</small> </div> </div>							

JAN 12 2007