


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90028 016 \*\*\*\*70.00

<b>DOCUMENT # N97000006226</b> 1. Entity Name <b>ALLIED VETERANS OF THE WORLD WOMENS AUXILIARY, INC: HEADQUARTERS POST #1</b>					
Principal Place of Business <b>1965 STATE ROAD #16 ST. AUGUSTINE, FL 32084</b>			Mailing Address <b>PO BOX 840149 SAINT AUGUSTINE, FL 32080 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1625 Four Seasons Blvd.</b>		3. Mailing Address <b>P.O. Box 160939</b>			
Suite, Apt. #, etc. <b>Suite 161</b>		Suite, Apt. #, etc.			
City & State <b>Hendersonville, NC</b>		City & State <b>Boiling Springs, SC</b>		4. FEI Number <b>59-3477803</b>	
Zip <b>28793</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>29316</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BOWLES, LINDA 890 A1A BEACH BLVD #74 SAINT AUGUSTINE, FL 32080</b>			7. Name and Address of New Registered Agent Name <b>Sandy Solana</b> Street Address (P.O. Box Number is Not Acceptable) <b>268 Yarborough Circle</b> City <b>St. Augustine</b> <b>FL</b> Zip Code <b>32095</b>		
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 <u><i>Sandy Solana</i></u> (NOTE: Registered Agent signature required when reinstating) <u><i>3/30/08</i></u> DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
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	PDT Ramos, Moses P.O. Box 633 Callahan, FL 32011 <input checked="" 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	VP Duncan, Linda P.O. Box 633 Callahan, FL 32011 <input checked="" 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	
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.					
SIGNATURE: <u><i>Sandy Solana</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>3/30/08</i></u> <u><i>904-626-3856</i></u> <small>Date Daytime Phone #</small>		