

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90101 041 ****61.25

DOCUMENT # **N98000000699**



1. Entity Name
**EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337, L
ADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS**

Principal Place of Business Mailing Address
**906 HWY 44 EAST 906 HWY 44 EAST
INVERNESS FL 34450 INVERNESS FL 34450
US 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 **59-1940834** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SELF, JACQUELYN R.
10430 E FORTNER DRIVE
INVERNESS FL 34450**

7. Name and Address of New Registered Agent
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 *Jacquelyn R. Self* *Jacquelyn R. Self* *2/10/03*
Signature, word 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FORTIN, THERESE	
STREET ADDRESS	7500 N. JUNGLE CAMP	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAYS, JEAN	
STREET ADDRESS	8160 E. SENECA ST.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SELF, JACQUELYN R	
STREET ADDRESS	10430 E FORTNER DRIVE	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, GLENDA	
STREET ADDRESS	4167 S. CANTON TERR.	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jacquelyn R. Self* *Jacquelyn R. Self* *2/10/03*
Date Daytime Phone # *352-637-2166*

CR2E037 (10/02)