

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003043

Entity Name: DEPARTMENT OF FLORIDA LADIES AUXILIARY TO THE
VETERANS OF FOREIGN WARS, INC.**Current Principal Place of Business:**8463 SW 84 LOOP
OCALA, FL 34481**Current Mailing Address:**P. O. BOX 773490
OCALA, FL 34477 US**FEI Number: 23-7326563****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**ROSE, JOYCE E
8463 SW 84 LOOP
OCALA, FL 34481 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	O/P
Name	LOVE , LAURA
Address	2634 CRITTENDON ST
City-State-Zip:	NORTH PORT FL 34286

Title	O/SV
Name	LEE, HARRIS
Address	9851 GILCHRIST DR
City-State-Zip:	SEFFNER FL 33584

Title	O/T
Name	ROSE, JOYCE
Address	8463 SW 84TH. LOOP
City-State-Zip:	OCALA FL 34481

Title	O/S
Name	MCDERMOTT, LEONA
Address	4444 ROYAL FERN WAY
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	O/JV
Name	MCCOLLUM, DEBBIE
Address	5137 SCARSDALE MANOR LANE
City-State-Zip:	ORLANDO FL 32818

Title	O
Name	KOSER, LOUISE
Address	65 CORAL SEA WAY # 6
City-State-Zip:	SATELLITE BEACH FL 32937

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOYCE E ROSE**TREASURER****03/05/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date