

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000699

**Entity Name:** EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337, LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF THE UNITED STATES.

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC2720783659**

**Current Principal Place of Business:**

906 HWY 44 EAST  
INVERNESS, FL 34450

**Current Mailing Address:**

906 HWY 44 EAST  
INVERNESS, FL 34450 US

**FEI Number: 59-1940834**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HETHERINGTON, CAROL A  
515 NOLA ST  
INVERNESS, FL 34452 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	PD	Title	SEC
Name	KLINE, MARY A	Name	JANICE MARY, ETHIER
Address	1016 S. SUNFISH AVE.	Address	1020 S SUNFISH AVE.
City-State-Zip:	INVERNESS FL 34450	City-State-Zip:	INVERNESS FL 34450
Title	TR		
Name	HETHERINGTON, CAROL A		
Address	515 NOLA ST		
City-State-Zip:	INVERNESS FL 34452		

*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: CAROL A. HETHERINGTON**

**TREASURER**

**01/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date