

DISTRICT ANNUAL REVALIDATION/OFFICERS FORM

MAIL TWO (2) COPIES TO:

AMVETS Ladies Auxiliary Department of FL Donnajeanne Merritt, Executive Secretary 7520 NE 105th Avenue Bronson, FL 32621 Phone: 352-306-0030 execsecyfl@gmail.com



INSTRUCTIONS:

- 1. This form must be typed or printed legibly in black ink only.
- 2. All mandatory entries on both pages must be completed or form will be returned.
- 3. Prepare this form in triplicate: one (1) copy for the Local files and two (2) copies to the Executive Secretary for distribution. Front and back must be filled out completely and signed in appropriate spaces. Mail to Executive Secretary, must be postmarked on or before May 20, 2023.

Date:	Officers for the year	Department/State:	District #:
Send Official Mail to:			
Address:			
Phone Number:	Fax:	E-Mail:	

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AMVETS NATIONAL LADIES AUXILIARY DISTRICT REVALIDATION FORM

*BLOCK #1	
This is to certify that the officers for District of florida have been duly electric and that they have read and subscribed to the AMVETS Ladies Auxiliary oath of office.	cted and installed,
Signature of Installing Officer Date	
*BLOCK #2	
"Most small tax-exempt organizations whose annual <u>gross receipts</u> are <u>normally \$50,000 or less</u> (\$25,000 for December 31, 2007 and before December 31, 2010) are required to electronically submit Form 990-N, also <i>e-Postcard</i> , unless they choose to file a complete Form 990 or Form 990-EZ instead." (This is taken direct irs.gov\co990n)	o known as the
This is to certify that our Fiscal Year ends and the Internal Revenue Form 990, Form N (e-postcard) has been submitted to the Director of Internal Revenue, National Headquarters and Depart (attach same).	m 990-EZ or Form 990- tment Headquarters
Federal ID #	or Form 990-EZ and
If the Federal ID # in NOT provided, the District will NOT be revalidated.	
*BLOCK #3	
This is to certify that the by-laws of this Auxiliary, on file with the Department, have been reviewed but l amended or changed from the original copy as submitted date submitted). A being/has been forwarded to the Department Parliamentarian.	
*BLOCK #4	
AMOUNT OF ANNUAL DUES: $ N/A $ (Please include National, Department and L	ocal portion of dues)
REGULAR MEETING DATE: (Month/Day)	
DATE NEW OFFICERS WERE ELECTED	-
SEND MEMBERSHIP CARDS TO: N/A Local Membership Processor	(Name/Title)
ADDRESS: <u>N/A</u>	
PHONE: <u>N/A</u> FAX: <u>E-Mail: N/A</u>	
DEADLINE FOR FILING REVALIDATION FORM : Local Auxiliaries (within a Department) must file with their Departments by the Department deadline. D then send copies to National Headquarters with their Department Revalidation.	Departments must
DATE:	