



MAIL TWO (2) COPIES TO:

**DISTRICT
ANNUAL REVALIDATION/OFFICERS FORM**

AMVETS LADIES AUXILIARY, Department of FL
Jerri Devoll, Executive Secretary
 217 Ladue Ave
 Crestview, FL 32539-7342
 Phone: 850-306-3258
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, in her hands on or before May 19, 2020**

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

TITLE	NAME	MAILING ADDRESS	EMAIL ADDRESS	PHONE
President*				
1 st Vice*				
2 nd Vice*				
3 rd Vice*				
Secretary*				
Treasurer*				
Sgt. At Arms				
Chaplain				
PRO				
Parliamentarian				
Liaison				
Hospital				
Americanism				
Scholarship				
Jr. AMVETS				
S.E.C.	-	-	-	-
Alt. S.E.C.	-	-	-	-

***MANDATORY ENTRIES - Must be filled in or the Local Auxiliary will not be revalidated.**

Revised - March 2020

**AMVETS NATIONAL LADIES AUXILIARY
DISTRICT REVALIDATION FORM**

***BLOCK #1**

This is to certify that the officers for District _____ of Florida have been duly elected and installed, and that they have read and subscribed to the AMVETS Ladies Auxiliary oath of office.

Signature of Installing Officer _____ Date _____

***BLOCK #2**

"Most small tax-exempt organizations whose annual [gross receipts](#) are [normally \\$50,000 or less](#) (\$25,000 for tax years ending after December 31, 2007 and before December 31, 2010) are required to electronically submit Form 990-N, also known as the *e-Postcard*, unless they choose to file a complete Form 990 or Form 990-EZ instead." **(This is taken directly from the [irs.gov\eo990n](#))**

This is to certify that our Fiscal Year ends _____ and the Internal Revenue Form 990, Form 990-EZ or Form 990-N (e-postcard) has been submitted to the Director of Internal Revenue, National Headquarters and Department Headquarters (attach same).

Federal ID # _____

If gross income **is over \$50,000, you MUST** attach copy of the 990 (A CPA is recommended).

"If gross income **is less than \$50,000, you MUST** file with the IRS Form 990-N (e-postcard), Form 990 or Form 990-EZ and mailed to Headquarters by the Deadline of September 15.

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 have not been amended or changed from the original copy as submitted _____ (date submitted). Amended copy is being/has been forwarded to the Department Parliamentarian.

***BLOCK #4**

AMOUNT OF ANNUAL DUES: \$ N/A (Please include National, Department and Local portion of dues)

REGULAR MEETING DATE: _____ (Month/Day)

DATE NEW OFFICERS WERE ELECTED _____

SEND MEMBERSHIP CARDS TO: N/A (Name/Title)

Local Membership Processor

ADDRESS: N/A

PHONE: N/A FAX: _____ E-MAIL: N/A

DEADLINE FOR FILING REVALIDATION FORM:

Local Auxiliaries (within a Department) must file with their Departments by the Department deadline. Departments must then send copies to National Headquarters with their Department Revalidation.

DATE: _____

CERTIFIED BY: _____
(Signature of District President) (Signature of District Secretary)

***MANDATORY ENTRIES – Must be filled in or the Local Auxiliary will not be revalidated**

Revised March 2020