



**LOCAL CHARTER
ANNUAL REVALIDATION/OFFICERS FORM**

AMVETS NATIONAL LADIES AUXILIARY
4647 Forbes Boulevard
Lanham, MD 20706
PHONE: 301/459-6255 FAX: 301/459-5403

Mail two (2) copies to:
AMVETS Ladies Aux Dept of FL
Jerri Devoll, Exec. Sec'y.
217 Ladue Ave
Crestview, FL 32539
850-306-3258
Execsecyfla@yahoo.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, 2019.**

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

TITLE	ID	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.**

**AMVETS NATIONAL LADIES AUXILIARY
LOCAL REVALIDATION FORM**

***BLOCK #1**

This is to certify that the officers for Auxiliary _____ of Florida (city/state) 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 attach a copy of the e-postcard or 990 to this form." **Please mail two (2) copies of the E postcard to Executive Secretary as soon as you file**

***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: \$ _____ (Please include National, Department and Local portion of dues) REGULAR MEETING DATE: _____ (Month/Day)

DATE NEW OFFICERS WERE ELECTED: _____

SEND MEMBERSHIP CARDS TO: _____ (Name/Title)

Local Membership Processor

ADDRESS: _____

PHONE: _____ FAX: _____ E-MAIL: _____

DEADLINE FOR FILING REVALIDATION FORM:

LOCAL AUXILIARIES MUST FILE WITH ANNUAL REVALIDATION/OFFICERS FORM, WHICH MUST BE POSTMARKED ON OR BEFORE **MAY 19, 2019**

DATE: _____

CERTIFIED BY _____
(Signature of Local President)

(Signature of Local Secretary)

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