



**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](mailto: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, 2020.**

DATE:	OFFICERS FOR THE YEAR:	DEPARTMENT/STATE:	AUXILIARY #:
SEND OFFICIAL MAIL TO:			
ADDRESS:			
PHONE NUMBER:	FAX:	E-MAIL:	

TITLE	ID	NAME	MAILING ADDRESS	PHONE
PRESIDENT*				
FIRST VICE*				
SECOND VICE*				
THIRD 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 \_\_\_\_\_ (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. (FISCAL YEAR ENDING MAY 31, FILE 990, JUNE 1 OR AS SOON AFTER AS POSSIBLE, NO LATER THAN SEPT 15).

**"PLEASE MAIL TWO (2) COPIES OF THE E POSTCARD TO EXECUTIVE SECRETARY AS SOON AS YOU FILE.**

FEDERAL ID # \_\_\_\_\_

IF GROSS INCOME IS OVER \$50,000, (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

**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 ANNUAL REVALIDATION/OFFICERS FORM, WHICH MUST BE POSTMARKED  
ON OR BEFORE **MAY 19, 2020****

DATE: \_\_\_\_\_

CERTIFIED BY: \_\_\_\_\_  
(Signature of Local President) (Signature of Local Secretary)

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