

LOCAL CHARTER ANNUAL REVALIDATION/OFFICERS FORM

INSTRUCTIONS:

1. This form must be typed or printed legibly in black ink only.

2. All mandatory entries on both pages must be completed on both pages and signed in appropriate spaces 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.

4. Mail to Executive Secretary, must be postmarked on or before May 20, 2023 to be seated at June Convention.

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

Date:	Officers for the year: 2022-2023		Department/State: Florida		Auxiliary #:	
Send Official Mail to:						
Address:						
Phone Number:		Fax:		E-Mail:		

Use Tab key to move from each field

TITLE	Name	Mailing Address	EMAIL 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.				

AMVETS NATIONAL LADIES AUXILIARY

	LOCAL REVALIDATION FORM	
*Вьоск #1		
(city/state) Auxiliary oa	ertify that the officers for Auxiliary # of	
*BLOCK #2		
ending after	tax-exempt organizations whose annual gross receipts are normally \$50,000 or less (\$ December 31, 2007 and before December 31, 2010) are required to electronically subset e.e.Postcard, unless they choose to file a complete Form 990 or Form 990-EZ instead." gov\e990n)	mit Form 990-N, also
Form 990-N	ertify that our Fiscal Year ends May 31 and the Internal Revenue Form (e-postcard) has been submitted to the Director of Internal Revenue and Department g May 31, file 990, June 1 or as soon after as possible, No later than Sept 15). "MAIL TWO (2) COPIES OF THE E- POSTCARD TO DEPARTMENT FIRST VICE PRESIDENT AS SOON AS	: Headquarters.(Fiscal
	#	
*Вьоск #3		
This is to cer	tify that the by-laws of this Auxiliary, on file with the Department, have been reviewe changed from the original copy as submitted(date submitte	ed but have not been
	peen forwarded to the Department Parliamentarian.	Juj. Amenaca copy is
*BLOCK #4		
		rtion Of Dues)
Regular Me	eeting Date: (Month/Day)	
_		
Date New O	Officers Were Elected:	
Send Memb	ership Cards To: Local Membership Processor	Name/Title)
Address:	·	
Phone:	Fax: *E-Mail:	
	DEADLINE FOR FILING REVALIDATION FORM:	
LOCA	L AUXILIARIES MUST FILE ANNUAL REVALIDATION/OFFICERS FORM, WHICH MUST BE I ON OR BEFORE MAY 20, 2023	POSTMARKED
DATE:		

(Signature of Local Secretary)

(Signature of Local President)

CERTIFIED BY: