



**DISTRICT
ANNUAL REVALIDATION/OFFICERS FORM**

MAIL TWO (2) COPIES TO:

AMVETS Ladies Auxiliary
Department of FL
Donnajeane Hakler, Executive Secretary
10471 N.E. 75th Street
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 19, 2022**

| | | | |
|------------------------|-----------------------|-------------------|-------------|
| 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 6/2021

**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
Secretary)

(Signature of District

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Revised 6/2021