



**LOCAL CHARTER
ANNUAL REVALIDATION/OFFICERS FORM**

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

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 31 2025 to be seated at June Convention.**

Date:	Officers for the year: 2024-2025	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.				

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

Revised - 7/2022

**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\990n)**

This is to certify that our Fiscal Year ends May 31 and the Internal Revenue Form 990, Form 990-EZ or Form 990-N (e-postcard) has been submitted to the Director of Internal Revenue and Department Headquarters. (Fiscal year ending 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 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.

IF FEDERAL ID # IS NOT PROVIDED, THE LOCAL AUXILIARY 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: \$ _____ (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 31, 2025****

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**