AMERICAN LEGION AUXILIARY DEPARTMENT OF FLORIDA

UNIT OFFICE INFORMATION CHANGE FORM

USE TO REPORT A CHANGE IN OFFICER OR AN ADDRESS CHANGE FOR AN OFFICER (ADDRESS CHANGE MUST BE ALSO REPORTED ON A DATA FORM)

		UNIT#	164		
OFFICER'S	S NAME: BUZ	bara O	lson	_ NEW:	YES OR NO
TITLE: 2	nd UP	ID#	3018	16326	
ADDRESS:	1027 7	! larence	Re		And the second s
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Kantan		(STREET)		33926
,-	(CITY)			(STATE)	{ZIP CODE)
Email Address: Barb 5262 @ asl. com					
	/				
PHONE#:	561-	301-09	380		
•			***************************************		
NAME OF THE OFFICER THAT IS REPLACED/NEMOVED FROM OFFICERS' LIST:					
En	elyn Du	pliey		30	117/229
	(NAME)				(MEMBER ID #)

Units can have only one election a year. All vacancies must be filled according to the Unit's Constitution & Bylaws.

AUG 3 1 2023