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)

2.4	
UNIT#	00
OFFICER'S NAME: Debra Kimm	ey NEW: YES OR NO
TITLE: TRASURER ID#_	301932368
ADDRESS: 2975 Longleaf Ro	anch Circle
	STREET)
middleburg	FL 32048
{CITY)	{STATE} {ZIP CODE}
Email Address: deb Kimmey 570	gmail.com
PHONE#: (281)460-9873	
NAME OF THE OFFICER THAT IS RE	PLACED/REMOVED FROM OFFICERS' LIST:
Describe Laboratoria	301857305
Porothy White	
(NAME)	(MEMBER ID #)

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

AUG 1 6 2023