

**AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA**

District Officers and Chairmen

DISTRICT # 16

Please fill in completely and return to Department Headquarters after appointments are verified. Type or print legibly with current/correct name, address, with zip code, telephone number and email address. Any changes must be submitted to Department immediately. Please complete form in its entirety. This form is also available in a fillable pdf. on line at www.alafl.org, under Forms & Resources.

| Position | Name | Mailing Address | Email Address | Phone # |
|--------------------------|------------------------|---|------------------------------|----------------|
| PRESIDENT | Cheryl Adams | 1971 Albany Drive Clearwater, FL 33763 | Gatorlady1980@gmail.com | (727) 748-5121 |
| SECRETARY | Lisa Hoyland | 1115 61st Street South Gulfport, FL 33707 | lhoyland277@gmail.com | (727) 482-0873 |
| TREASURER | Bernie Matheson | 1710 Oak Pond Ct Oldsmar, FL 34677 | badeth@aol.com | (813) 690-5438 |
| CHAPLAIN | Liz Close | 1115 61st Street South Gulfport, FL 33707 | ccloseg69@gmail.com | (727) 396-9086 |
| HISTORIAN | Dee Touhey | 1971 Albany Drive Clearwater, FL 33763 | Deetouhey@gmail.com | (727)0215-7119 |
| SERGEANT-AT-ARMS | Dee Touhey | 1971 Albany Drive Clearwater, FL 33763 | Deetouhey@gmail.com | (727) 215-7119 |
| PARLIAMENTARIAN | Lisa Hoyland | 1115 61st Street South Gulfport, FL 33707 | lhoyland277@gmail.com | (727) 482-0873 |
| AMERICANISM | Pamela Harley | 9359 Blind Pass Unit 505 St. Pete Beach, FL 33706 | pharley@greenleaftrading.com | (727) 410-6508 |
| AUXILIARY EMERGENCY FUND | Carla Struble | 2505 East Bay Drive Lot 173 Largo, FL 33771 | cstruble12@outlook.com | (727) 674-8955 |
| CAVALCADE OF MEMORIES | | | | |
| CHILDREN & YOUTH | Patty Gilmore | 6650 Sunset Way Unit 206 St. Pete Beach, FL 33706 | pattygilmore@outlook.com | (201) 446-1708 |
| COMMUNITY SERVICE | Janine Brown | 409 Duncan Ave Clearwater, FL 33755 | jbrownmsod@ymail.com | (301) 651-5953 |

| Title | Name | Address/Zip Code | Email | Phone # |
|-------------------------|----------------------|--|-----------------------------|----------------|
| CONSTITUTION & BYLAWS | Gina Kiser | 5418 Parkside Villas Drive W St. Petersburg, FL 33709 | gkizer31@gmail.com | (727) 278-4476 |
| EDUCATION | Tricia Winegar | 1601 5th St. N St. Petersburg, FL 33704 | Twcap2064@gmail.com | (727) 224-0471 |
| GIRLS STATE | Rhonda Bailey-Maurer | 5272 77th St. N St. Petersburg, FL 33709 | rjbm@hotmail.com | (603)455-3868 |
| JUNIOR ACTIVIES | Christine Massey | 148 Packing House Road Americus, GA 31709 | cgirard1966@gmail.com | (727)484-5238 |
| LEADERSHIP | Cheryl Yoder | 2644 10th Ave SW Largo, FL 33770 | Cheryl.s.yoder@gmail.com | (727) 501-2562 |
| LEGISLATIVE | Ginny Shephard | 6988 17th Way N St. Petersburg, FL 33702 | ginny.shepard@gmail.com | (937) 554-1903 |
| MEMBERSHIP | Vanda Gimpel | 5736 La Puerta Del Sol Blvd S Apt 152 St. Petersburg, FL 33715 | lajesgrat@gmail.com | (540) 455-2516 |
| NATIONAL SECURITY | Dede Walker | 2383 Netherlands Drive #27 Clearwater, FL 33763 | Dianawalker21@yahoo.com | (954) 323-8746 |
| PAST PRESIDENT'S PARLEY | Sue Craft | 5607 Lagoon Drive New Port Richey, FL 34653 | craft14276@gmail.com | (609) 923-1468 |
| POPPY | Janice Hill | 15916 Redington Drive Redington Beach, FL 33708 | jbillathome@tampabay.rr.com | (727) 580-5930 |
| PUBLIC RELATIONS | Shareen Barns | 4711 W Trilby Ave Tampa, FL 33616 | shareenbarns@gmail.com | (817) 791-8134 |
| V. A. & R. | Kelli Becraft Coppla | 342 Buena Vista Drive S Dunedin, FL 34698 | kbecraft2869@gmail.com | (727) 560-2201 |

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Email to: membership@alaf1.org



District President's Signature