

AMERICAN LEGION AUXILIARY
DEPARTMENT OF FLORIDA, INC
1912 A LEE RD
ORLANDO, FLORIDA 32810

For the day/time of meetings:
Please write exactly which day of
the week they are held each month
Ex: 1st Thursday, at 5 pm.

2024-2025

UNIT OFFICERS' LIST

MAY 16 2024

(Handwritten initials)

This form must be returned within 10 days of Unit elections or no later than May 31, 2024. No membership packets will be provided until this form is received at Department Headquarters! No other format will be accepted. **All 2024 dues must be paid at the time of elections!** All information is required on this form.

Unit Name: Adam Quinn Unit # 6 District # 17

Unit's Mailing Address: 1087 Biscayne Blvd
(Street address or PO Box)
Deland 32724
(City) (Zip)

Unit Email Address: _____

Date of Election May 14, 2024 Day/Time Meeting are Held Tuesday 6:00pm
Unit EIN# 4217691 Corporation # _____

Must check each box to confirm that the Unit has verified each Officer's current yr dues are paid.

President: Donna Grimm
Member # 301878496
Daytime Phone: 386-717-2332
Email: donna.zilla45@AOL.com

Vice President: Cee Bennett
Member # 302696862
Daytime Phone: 4438227649
Email: CEBAUX8093@GMAIL.com

2nd Vice President: Judy King
Member # 302322257
Daytime Phone: 3864578481
Email: JUDIESTURN@AOL.COM

3rd Vice President: _____
Member # _____
Daytime Phone: _____
Email: _____

Secretary: Karen Corr
Member # 132578023
Daytime Phone: 352-360-3936
Email: KarenCorr54@gmail.com

Treasurer: Heidi Smith -Liszewski
Member # 302837705
Daytime Phone: 407-756-0944
Email: Smithhr0817@gmail.com

Chaplain: Linda Core

Member # 302923655

Daytime Phone: 443-365-7993

Email: _____

Historian: _____

Member # _____

Daytime Phone: _____

Email: _____

Sgt-at-Arms: Mary Bryan

Member # 1299 11468

Daytime Phone: 319 981 1265

Email: mvb9855@aol.com

Heidi Smith-Liszeuski
Membership: _____

Member # 302837705

Daytime Phone: 407-756-0944

Email: Smithhr0817@gmail.com

Member at Large: [initials]

Member # _____

Daytime Phone: _____

Email: _____

Member at Large _____

Member # _____

Daytime Phone: _____

Email: _____

Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Completed By: [Signature]

Date: 5-14-24

Return Form to Department: Email: membership@alaf1.org