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



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: Wall Reves	_{.Unit #} 58	District # 4	
Unit's Mailing Address: PO Box 938			
(Street address	or PO Box)	Ounnellon	34432
	(C	ity)	(Zip)
Unit Email Address:			
Date of Election May 1, 2024	Day/Time Meeting	are Held 1st Wed	4:30 PM
Unit EIN# 46-2511501			
Must check each box to confirm that the Unit has v	erified each Office	er's current yr dues	are paid.
President: Elizabeth Tilley-Poole	✓ Vice Preside	Matherine B	urns
	Member # 3020	18277	
Daytime Phone: 401 255-4643		63 899-6938	
Email: betty@pleikupekingese.net		280@gmail.cor	n
Lillan.		(17 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
2 nd Vice President:	3 rd Vice Pres	ident:	
Member #	Member #		
Daytime Phone:			
Email:			
✓ Secretary: Christine Linda Scott		Cynthia DiCarlo	
Member #_ 302011516	Member # 3027		
Daytime Phone: 352 445-9674		540 742-5221	
Email: linda.scottzzzxxx@gmail.com	Email: cynthia	dicarlo@hotma	ıil.com

✓ Chaplain: Margaret Morton	Historian:		
301472965	Member #		
Daytime Phone: (352) 322-1833	Daytime Phone:		
Email: ashlinmorgans@gmail.com	Email:		
Sgt-at-Arms:	Membership: Elizabeth Tilley-Poole		
Member#	Member #_127563683		
Daytime Phone:	Daytime Phone: 401 255-4643		
Email:	hatty@nlaikunakingasa nat		
Member at Large:	Member at Large		
Member #	Member #		
Daytime Phone:	Daytime Phone:		
Email:	Email:		
Member at Large:	Member at Large:		
Member #	Member #		
Daytime Phone:	Daytime Phone:		
Email:	Email:		
Member at Large:	Member at Large:		
Member#	Member#		
Daytime Phone:			
Email:	Email:		
Completed By:	Date:		

Return Form to Department:

Email: membership@alafl.org