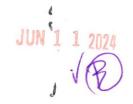
DEPARTMENT OF FLORIDA, INC 1912 A LEE RD ORLANDO, FLORIDA 32810 Please write exactly which day of the week they are held each month Ex: 1st Thursday, at 5 pm.

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: Kandrum Memician	Unit # 23/ District # 4
On Romanie	Unit # District #
Unit's Mailing Address: PU DOX 135 (Street address)	S OF PU BOX)
	(City) City
Unit Email Address:	
Date of Election MAY	Day/Time Meeting are Held Thurs 6 Pm
Unit EIN# 26- 40/3666	Day/Time Meeting are Held Thues 6 Pm. Corporation #
Must check each box to confirm that the Unit has v	verified each Officer's current yr dues are paid.
President: Elizabeth Chaude	Vice President:
Member # <u>801564456</u>	Member #
Daytime Phone: 352-213-5/56	Daytime Phone:
Email: Samchavous bellso con	Email:
	3 rd Vice President:
Member#	Member #
Daytime Phone: 352-441-0080	Daytime Phone:
Email: Lujcked set Chot Mal . Gen Email:	
Secretary:	
Member #	Member # 30/582836
Daytime Phone:	Email: +pe bears are hope, Con
Email:	Email: +pe bears are hope, com

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Pchaplain: Shanow Playsher	Historian:
Member# <u>301594988</u>	Member #
Daytime Phone: <u>352-328 5402</u>	
Email: SI. plaugher gmax. Com.	Email:
Sgt-at-Arms: Debouch. Haloms	Membership: Elizabeth Chavous
Member#_302925964	Member# 30156 4456
Daytime Phone: <u>352-214-2166</u>	
Email:	Email: 6Amchavous Obellso. Co
Member at Large: Devise Souther	Member at Large
Member# 302 495 11 7	Member #
Daytime Phone: 407-301-4658	Daytime Phone:
Email: DeNISE SIG MSID. COP	Fmail:
Member at Large: Ally Aww - Weenber at Large:	
Member#	
Daytime Phone: NA	Daytime Phone:
Email: IUREVNE O ROCKET Mail.	Email:
Com.	Member at Large:
Member at Large:	
Member#	Member#
Daytime Phone:	Daytime Phone:
Email:	Email:
Completed By:	Date:

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