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 monthly
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.

American Legion Auxiliary, Unit Name: Key Biscayne Unit 374	/ Unit # 374 District # 14
Unit Name: Key Biscayne Unit 374 Unit # 374 District # 14 Unit's Mailing Address: (Street address or PO Box)	
Mailing Unit Email Address: American Legion Auxilia	(City) (Zip)
PO BOX 491253 Key Biscayne, FL 33149-	y, war of
Date of Election May 2, 2024	Day/Time Meeting are Held at 6:00 pm
Unit EIN# 46-3166803	Corporation # N 1300007732
65-0706660	
Must check each box to confirm that the Unit has verified each Officer's current yr dues are paid.	
President: Jeanette Turici	Vice President: Marshall Byrum
Member # 300 914 472 305-323-5002 (C)	Member # 300 311 270
Daytime Phone: 305-361-6899 (H)	Daytime Phone: 305 - 413 - 4633
Email: dtwici@bellsouth. Net	Email: LMByrum@AoL.com
2 nd Vice President:	3 rd Vice President:
Member #	Member #
Daytime Phone:	Daytime Phone:
Email:	Email:
Secretary: Sylvia Baltin	Treasurer: Andera Robertson
Member# 300776553	Member # 301 449 730
Daytime Phone: 786-310-7242 (H)	_ Daytime Phone: 203 - 979 - 8866
Email: baltinsyl@yahoo.com	Email: robertsonandrea 76 @ gmail.co

Chaplain: Evelyn LaRusse	Historian:
Member #	Member #
Daytime Phone: 305-365-0096 (H)	Member # Daytime Phone:
Email: elarusse@gmail.com	Email:
Sgt-at-Arms:	
Member #	Member #
Daytime Phone:	
Email:	
Member at Large:	Member at Large
Member #	Member #
Daytime Phone:	
Email:	Email:
Member at Large:	Member at Large:
Member #	
Daytime Phone:	
Email:	Email:
Member at Large:	Member at Large:
Member #	
Daytime Phone:	
Email:	Email:
	,
Completed By:	Date;

Return Form to Department:

Email: membership@alafl.org