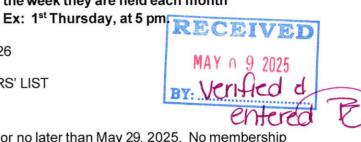
AMERICAN LEGION AUXILIARY DEPARTMENT OF FLORIDA, INC 1912 A LEE RD ORLANDO, FLORIDA 32810

For the day/time of meetings: Please write exactly which day of the week they are held each month

2025-2026

UNIT OFFICERS' LIST



This form must be returned within 10 days of Unit elections or no later than May 29, 2025. No membership packets will be provided until this form is received at Department Headquarters! No other format will be accepted. All 2025 dues must be paid at the time of elections! All information is required on this form.

Unit Name: Ocean Beaches	Unit # 129	District #	
Unit's Mailing Address: 1151 South Fourth Street			
(Street address	or PO Box) J	acksonville Beach, 3225	0
Unit Email Address: ala129president@gmail.com	(0	City)	(Zip)
Date of Election 5/1/2025	Day/Time Meeting	are Held First Thursda	ay 6:30 PM
Unit EIN# 42-1749132	Corporation # $\frac{N0}{N0}$	9000000995	
Must check each box to confirm that the Unit has ve	erified each Office	er's current yr dues a	re paid.
President: Cynthia Hague-JOrdan	Vice Preside	ent: Michele Con	de
Member # 301360821	Member # 3006		
Daytime Phone: 904-307-0010	Daytime Phone:	540-621-4014	
Email: dryfork60@gmail.com		e.comde@yahoo	
2 nd Vice President: Kimberly Russell Member # 301996476		sident:	
Daytime Phone: 904-703-7232			
Email:			
Secretary: Mandy Miles	Treasurer:	Kelly Bush	
Member #302934116	1208 _ Member #	35617 5	
Daytime Phone: 904-888-6296	Daytime Phone:	904-534-4995	
Email: jagsgal904@gmail.com	_ _{Email:} kellytbu	ısh@att.net	

Chaplain: Vicki Gordon-Haft	Historian: Amy Clark	
Member #_300411865	Member # 302229793	
Davtime Phone: 904-254-2841	Daytime Phone: 724-316-1462	
Email: amtrey1@comcast.net	Email: amymulneix@yahoo.com	
Sgt-at-Arms: Kathy Helmly	Membership: Wanda Brandt	
Member #301449671		
Daytime Phone:	Daytime Phone:	
Email: kathyhelmly@gmail.com	wandabrandt@comcast.net	
Member at Large:	Member at Large Susan Nist	
Member #	Member #	
Daytime Phone:	Daytime Phone:	
Email:	Email: susan.nist@gmail.com	
Member at Large: Patty Bond Hinkle Member #	Member # Daytime Phone:	
Completed By:	Date:	

Return Form to Department:

Email: membership@alafl.org