

Reval at convention
verified &
entered

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.

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: UMPB Unit # 199 District # 11

Unit's Mailing Address: P. O. Box 11836 RIVIERA BEACH
(Street address or PO Box) 33409
(City) (Zip)

Unit Email Address: ALAUNIT199@gmail.com

Date of Election April 14 Day/Time Meeting are Held Mon. 6:15

Unit EIN# _____ Corporation # _____

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

☒ President: ELIZA BETH P. ROBINSON ☒ Vice President: Jenna Smiley
Member # 3011652800 Member # 303010336
Daytime Phone: 5612014005 Daytime Phone: 863-610-1286
Email: ELIZABETH4PETERSON@gmail.com Email: jdsmileywrites@gmail.com

☒ 2nd Vice President: Eileen Purnell-McMee ☐ 3rd Vice President: _____
Member # 303009891 Member # _____
Daytime Phone: 5613134218 Daytime Phone: _____
Email: Eileen41367@aol.com Email: _____

☒ Secretary: Gwen Peterson ☒ Treasurer: Gwen Peterson
Member # _____ Member # 301543195
Daytime Phone: _____ Daytime Phone: 561-603-5244
Email: _____ Email: _____

☐ Chaplain: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Historian: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Sgt-at-Arms: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Membership: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Member at Large _____

Member # _____

Daytime Phone: _____

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Email: _____

☐ Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

☐ Member at Large: _____

Member # _____

Daytime Phone: _____

Email: _____

Completed By: _____ Date: _____

Return Form to Department:

Email: membership@alaf1.org