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

lertical of entercal po

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: C W Hilliard	Unit # 40/ District # 5
Unit's Mailing Address: PO BOX 193	
(Street address or PO Box) Hilliard FL 32046	
	(City) (Zip)
Unit Email Address: Cwhqvx4018 y ghoo.com	
Date of Floring 5/05/2025	Day/Time Meeting are Hold Tiles day 6130 0
Date of Election	Day/Time Meeting are Held Tuesday 6130 pm Corporation # On file
Unit EIN# On File	Corporation # On tile
President: Tammy Baker	Vice President: // / /
Member# 30 530 70	Member #
Daytime Phone: 904 - 335 - 1902	Daytime Phone:
Email: CWhqUX401@ 4 9hoo.com	Email:
2 nd Vice President: N/A	3 rd Vice President:
Member #	Member #
Daytime Phone:	Daytime Phone:
Email:	Email:
Secretary: Vicenza (Vicki) Galiate	Treasurer: Veronica Angell
Member# 302 943 209	
Daytime Phone:	Daytime Phone:909614 - 3557
	Email: Veronica _ M_ Azell & yghoo.co

Chaplain: Betty Garver	Historian: N/A
Member# 3002 301869346	Member#
Daytime Phone: 904-879 - 458/	
Email: N/A	Email:
Sgt-at-Arms: Sackje Black	Membership: Tammy Baken
Member# 30 530 716	Member# 30/530 70/
Daytime Phone: 904-879-6225	Daytime Phone: 964-235-1903
Email: jb/ack 0727@ windstram, ne	f Email: Cwh qux 4610 yahoo.com
Member at Large: Cookie Hegvener	Member at Large <u>Gloria Miller</u>
Member#31910758	Member # 301761856
Daytime Phone:	Daytime Phone:
Email:	Email:
Member at Large: <u>Soldis Russell</u> Member# <u>301530734</u>	Member at Large:Member #
Daytime Phone:	
Email:	Email:
Member at Large: NIA	Member at Large:
Member#	Member#
Daytime Phone:	Daytime Phone:
Email:	Email:
Completed By: Tammy 5 BAKEN	Date:

Return Form to Department:

Email: membership@alafl.org