2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006631

1. Entity Name
JUNIOR AUXILLARY OF MADISON COUNTY, INC.

Principal Place of Business	Mailing Address
P O BOX 15 MADISON, FL 32341	P O BOX 15 MADISON, FL 32341

DO NOT WRITE IN THIS SPACE

01122004 No Chg-NP CR2E037 (10/03)

4. FEI Number
38-3658083

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, TONJA
RT. 4, BOX 2048
MADISON, FL 32340

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Tonja Davis 3-9-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000083195
03/10/04-80029-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DAVIS, TONJA
STREET ADDRESS	PO BOX 2048
CITY-ST-ZIP	MADISON,, FL 32341
TITLE	TD
NAME	PAGE, MARGUERITE
STREET ADDRESS	PO BOX 578
CITY-ST-ZIP	MADISON, FL 32341
TITLE	DV
NAME	WASHINGTON, KIM
STREET ADDRESS	1303 NE MT. HORE 6 RD
CITY-ST-ZIP	PINETTA, FL 32350
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marguerite P. Page, Treasurer 3-9-04 (850) 973-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2727