2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006631

FILED Feb 14, 2007 Secretary of State

Entity Name: JUNIOR AUXILLARY OF MADISON COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

P O BOX 15 379 W BOSE ST MADISON, FL 32341 MADISON, FL 32341

Current Mailing Address: New Mailing Address:

P O BOX 15

MADISON, FL 32341

FEI Number: 38-3658083 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, TONJA

590 SOUTHWEST ARCHERWAY

MADISON, FL 32340 US

BEGGS, HEATHER TREASUR

195 N WASHINGTON AVE

MADISON, FL 32340 US

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.

SIGNATURE: HEATHER BEGGS 02/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: EXO () Delete Title: PRES (X) Change () Addition

 Name:
 COPELAND, JENNIFER
 Name:
 CHERRY, JULIE

 Address:
 1213 SE ROLLER COASTER HILL RD
 Address:
 379 W BOSE ST

City-St-Zip: MADISON, FL 32340 City-St-Zip: MADISON, FL 32340

Title: TD () Delete Title: VP (X) Change () Addition Name: WASHINGTON, KARA Name: JOHNSON, ANNETTE

Address: 204 NORTHWEST BROWNING STREET Address: 4773 WEST US 90
City-St-Zip: MADISON, FL 32340
City-St-Zip: MADISON, FL 32340

Title: P () Delete Title: TREA (X) Change () Addition

 Name:
 CHERRY, JULIE
 Name:
 BEGGS, HEATHER

 Address:
 379 W BOSE ST
 Address:
 195 N WASHINGTON AVE

 City-St-Zip:
 MADISON, FL 32340
 City-St-Zip:
 MADISON, FL 32340

Title: T () Delete Title: DT (X) Change () Addition

 Name:
 BEGGS, HEATHER
 Name:
 DAVIS, KIM

 Address:
 195 N WASHINGTON AVE
 Address:
 2993 NE HWY 6

 City-St-Zip:
 MADISON, FL 32340
 City-St-Zip:
 MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEATHER BEGGS TREA 02/14/2007