2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000006631

1. Entity Name

JUNIOR AUXILLARY OF MADISON COUNTY, INC.

55048090

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

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City   FL   Zip Code

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:

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME DAVIS, TONJA		NAME	
STREET ADDRESS PO BOX 2048		STREET ADDRESS	
CITY-ST-ZIP MADISON, FL 32341		CITY-ST-ZIP	
TITLE V	☒ Delete	TITLE D	☒ Change ☐ Addition
NAME LEWIS, MARY ALICE		NAME Washington Kim	
STREET ADDRESS PO BOX 478		STREET ADDRESS 1303 NE Mt. Horeb Rd.	
CITY-ST-ZIP MADISON FL 32341		CITY-ST-ZIP Pinetta, FL 32350	
TITLE D T	☐ Delete	TITLE	☐ Change ☐ Addition
NAME PAGE, MARGUERITE		NAME	
STREET ADDRESS PO BOX 578		STREET ADDRESS	
CITY-ST-ZIP MADISON FL 32341		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/02)

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 Page 4/18/03 (850) 973-2727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #