

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005735

Entity Name: F O E AUXILIARY SARA-MANA 4424 INC.

Current Principal Place of Business:

501 N. BENEVA ROAD
SUITE 636
SARASOTA, FL 34232

Current Mailing Address:

501 N. BENEVA ROAD
SUITE 636
SARASOTA, FL 34232

FEI Number: 65-0995838

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TURNER, BOB
3729 ALLENWOOD STREET
SARASOTA, FL 34232 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name ST ESPRIT, JUNITA
Address 3290 49TH STREET
City-State-Zip: SARASOTA FL 34235

Title TREASURER
Name BALLARONO, DIANNE
Address 3584 CRYSTAL LAKES CT
City-State-Zip: SARASOTA FL 34235

Title S
Name VALENTINE, BARBARA
Address 9209 34TH CT E
City-State-Zip: PARRISH FL 34219

I hereby 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 all other like empowered.

SIGNATURE: BARBARA VALENTINE

SECRETARY

02/01/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date