#### 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: DIANNE BALLARANO

Electronic Signature of Signing Officer/Director Detail

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	CINDY HICKS			04/30/2018
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	SECRETARY	
Name	EDWARDS, CAROL	Name	BALLARANO, DIANNE	
Address	720 S. TUTTLE AVE	Address	3584 CRYSTAL LAKES CT	
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34235	
Title	TREASURER	Title	VP	
THE	IREAGURER	The		
Name	BAKER , DAWN	Name	MALIZIO, CHARLENE	
Address	5711 BENTGRASS DRIVE UNIT 103	Address	4253 DEERFIELD DR	
City-State-Zip:	SARASOTA FL 34247	City-State-Zip:	SARASOTA FL 34233	

# 2018 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:**

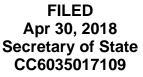
501 N. BENEVA ROAD SUITE 636 SARASOTA, FL 34232

#### FEI Number: 65-0995838

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

HICKS, CINDY 1250 CORNISH CT SARASOTA, FL 34232 US

Date



Certificate of Status Desired: No