•		S AUXILIARY 4355 INC.		ry of State 6311206
Current Mai	ling Address:			
P O BOX 35 POMONA P	8 ARK, FL 32181			
FEI Number: 91-1799657			Certificate of Status Desired: No	
Name and A	Address of Current Registered Age	nt:		
GAULT, NANC 136 N. LAKE G GEORGETOW				
The above name	d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent, or both, in the State of F	Florida.
SIGNATURE: LYNNE MAXWELL				02/05/2015
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	Р	Title	S	
Name	GAULT, NANCY	Name	MIDDLETON, PEGGY	
Address	136 N. LAKE GEORGE DR.	Address	P.O. BOX 1	
City-State-Zip:	GEORGETOWN FL 32139	City-State-Zip:	LAKE COMO FL 32157	
Title	т			
Name	WARD, WENDI			
Address	P O BOX 363			
City-State-Zip:	SEVILLA FL 32190			

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000006513

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: NANCY GAULT

PRESIDENT

02/05/2015

FILED Feb 05, 2015

Electronic Signature of Signing Officer/Director Detail