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Jan 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721569** (2)

1. Corporation Name

**COUNTRY ACRES AUXILIARY, INC.**

Principal Place of Business

Mailing Address

**1850 S. DELEON AVE.  
TITUSVILLE FL 32780**

**1850 S. DELEON AVE.  
TITUSVILLE FL 32780**

3. Date Incorporated or Qualified

**08/23/1971**

4. FEI Number

**23-7158373**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, WARREN W.  
1850 S. DELEON AVE.  
TITUSVILLE FL 32780-4747**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
RAY, MONA  
2725 ST JOHNS STREET BLDG B ROOM 123  
MELBOURNE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
VICTOR, LAURA  
5085 ARECA PALM STREET  
COCOA FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD  
KARBERG, JUNE  
1655 N. CARPENTER RD  
TITUSVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VD  
WARREN, BENNETT  
1850 S DELEON AVE  
TITUSVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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