

FILE NGW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90092 041 ****61.25

0015174

DOCUMENT # 721569

1. Corporation Name

COUNTRY ACRES AUXILIARY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/23/1971

4. FEI Number

23-7158373Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 ☒ DELETENAME **PD
RAY, MONA**
STREET ADDRESS **2725 ST JOHNS STREET BLDG B ROOM 123**
CITY-ST-ZIP **MELBOURNE FL**TITLE ☒ DELETENAME **SD
VICTOR, LAURA**
STREET ADDRESS **5085 ARECA PALM STREET**
CITY-ST-ZIP **COCOA FL**TITLE ☐ DELETENAME **TD
RAGSDALE, BILL**
STREET ADDRESS **2185 KEYLINE DRIVE**
CITY-ST-ZIP **TITUSVILLE FL 32780**TITLE ☐ DELETENAME **VD
WARREN, BENNETT**
STREET ADDRESS **1850 S DELEON AVE**
CITY-ST-ZIP **TITUSVILLE FL**TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME **PD
Don Tantillo**
1.3 STREET ADDRESS **330 Mockingbird Lane**
1.4 CITY-ST-ZIP **Merritt Island, FL 32953**2.1 TITLE ☒ Change ☐ Addition2.2 NAME **SD
Marilyn S. Hooper**
2.3 STREET ADDRESS **1515 N. Indian River Drive**
2.4 CITY-ST-ZIP **Cocoa, FL 32922**3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bill Ragdale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**20 Jan 99**

Date

407/269-9610
Daytime Phone #

CR2E037 (11/98)