

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 15 AM 11: 58

SECRETARY OF **50066896**  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 721569</b>					
<b>1. Entity Name</b> COUNTRY ACRES AUXILIARY, INC.					
<b>Principal Place of Business</b> 1850 S. DELEON AVE. TITUSVILLE, FL 32780-4747			<b>Mailing Address</b> 1850 S. DELEON AVE. TITUSVILLE, FL 32780-4747		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 23-7158373	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GOLDEN, IAN 1850 S. DELEON AVE. TITUSVILLE, FL 32780-4747			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE		Ian Golden		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>September 7, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOOPER, MARILYN S 166 JUNE DRIVE COCOA BEACH, FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Olsen, Cheryl 6675 Corto Road Cocoa, FL 32927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUNTZ, DONNA M 3700 S HOPKINS A VE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Kuntz, Donna M. 437 Oakridge Avenue Cocoa, FL 32927	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD HIGGINBOTHAM, TRACEY C 3935-L NORTH U.S. 1 COCOA, FL 32926	<input type="checkbox"/> Delete	300059777953 09/20/05--01032--011 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MAYHEW, TERRY 3856 CHAMPION ROAD TITUSVILLE, FL 32780	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV Mayhew, Terry 3856 Champion Road Titusville, FL 32780	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEINEMAN, HEATHER 2760 DONNA DRIVE TITUSVILLE, FL 32796	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Mikkelson, Patricia 1455 Canaveral Port Merritt Island, FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
SIGNATURE:		Terry Mayhew, President		Date: 8-10-05 Daytime Phone #: (321) 267-0120	