

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP 15 AM 11:58

SECRETARY OF 50066896
TALLAHASSEE, FLORIDA



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