

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90024 019 ****61.25

DOCUMENT # 726182

1. Entity Name
SOUTHEAST MARION STATION 29 AUXILIARY, INC.



Principal Place of Business
**24798 SE HWY 42
UMATILLA, FL 32784 US**

Mailing Address
**24798 SE HWY 42
UMATILLA, FL 32784 US**

J4001306



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2855162

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREY, CARL
16895 S.E. 272 CT.
UMATILLA, FL 32784**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	HALLGREN, BRUCE	
STREET ADDRESS	16900 SE 272 CT	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERS, AMY	
STREET ADDRESS	P.O. BOX 366	
CITY-ST-ZIP	ALTOONA, FL 32702	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREY, CARL	
STREET ADDRESS	SE 272 CT - 16895	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COOKE, DELORES	
STREET ADDRESS	24415 W. HWY 450	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BILZ, DEBI	
STREET ADDRESS	11930 TAGS TRAIL	
CITY-ST-ZIP	UMATILLA, FL 32784	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRIVER, JIM	
STREET ADDRESS	16840 SE 248 TERRACE	
CITY-ST-ZIP	UMATILLA, FL 32784	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl Frey
8 July 2004

Date

Daytime Phone #

352-
669-3404