

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90313 024 ****65.25

DOCUMENT # 732376 1. Entity Name SEVENTH DISTRICT AUXILIARY BOARD, INC.					
Principal Place of Business 1600 S FEDERAL HWY. STE. 500 POMPANO BEACH, FL 33062			Mailing Address 1600 S FEDERAL HWY. STE. 500 POMPANO BEACH, FL 33062		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		50044027	
City & State		City & State		04062005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 51-0173884	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLAZZARD, NORSE N 1600S FEDERAL HWY. STE. 500 POMPANO BEACH, FL 33062			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.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 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	S BLAZZARD, NORSE N 1600 S FEDERAL HWY, STE. 500 POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dahlgren, Jay 1579 Pinehurst St, NW Orangeburg, SC 29115	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAHLGREN, JAY 1579 PINEHURST ST NW ORANGEBURG, SC 29115	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Fernandez Peter E. 16415 SW 86 Court Miami, FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRV FERNANDEZ, PETER E 16415 SW 86 COURT MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVF Brown, Allen 3625 17th Place SE Cape Coral, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MAGYR, A. BRYCE 23525 BAHAMA PT., #1612 FERNANDINA BEACH, FL 32034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Kahn, Gene 2305 Magnolia Drive North Miami, FL 33181	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUNGO, JOHN R 3625 17TH PLACE, SE CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Callahan, Edward 3921 Golden Shores Blvd Mims, FL 32754	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNEN, JAMES E 900 VENETIAN BLVD ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Jankowski, Casey A 180 Bimini Drive Palmetto, FL 34221	<input type="checkbox"/> Change <input checked="" 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: <u>Norse N. Blazzard</u> , NORSE N. BLAZZARD 4/1/05					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

50044027

CONTINUATION SHEET 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 732376
SEVENTH DISTRICT AUXILIARY BOARD, INC.

CONTINUATION FOR BLOCK 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN BLOCK 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T. Matheny, Edward E</i> <i>16225 Jayess Lane</i> <i>Est. Meyers, FL 33917</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition