


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90001 048 \*\*\*\*61.25

<b>DOCUMENT # 732376</b> 1. Entity Name <b>SEVENTH DISTRICT AUXILIARY BOARD, INC.</b>					
Principal Place of Business <b>1600 S FEDERAL HWY. STE. 500 POMPAÑO BEACH, FL 33062</b>			Mailing Address <b>1600 S FEDERAL HWY. STE. 500 POMPAÑO BEACH, FL 33062</b>		
2. Principal Place of Business <b>1346 Jamaica Court</b>			3. Mailing Address <b>1346 Jamaica Court</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Jacksonville, FL</b>			City & State <b>Jacksonville, FL</b>		
Zip <b>32216</b>		Country <b>USA</b>		Zip <b>32216</b>	
Country <b>USA</b>		4. FEI Number <b>51-0173884</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BLAZZARD, NORSE N 1600S FEDERAL HWY. STE. 500 POMPAÑO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name <b>William F. Everill</b> Street Address (P.O. Box Number is Not Acceptable) <b>1346 Jamaica Court</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32216</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.					
SIGNATURE <u><i>William F. Everill</i></u> <b>WILLIAM F. EVERILL</b> <b>30 MARCH 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BAHLAREN, JAY</b> <b>1579 PINEHURST ST. N</b> <b>ORANGEBURG, SC 29115</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <b>William F. Everill</b> <b>1346 Jamaica Court</b> <b>Jacksonville, FL 32216</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>FERNANDEZ, PETER E</b> <b>16415 SW 86 COURT</b> <b>MIAMI, FL 33157</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Edward E. Matheny</b> <b>16225 Jayess Lane</b> <b>FT. MEYERS, FL 33917</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DSVP</b> <b>BROWN, ALLEN</b> <b>3625 17TH PLACE SE</b> <b>CAPE CORAL, FL 33904</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>KAHN, GENE</b> <b>2305 MAGNOLIA DR</b> <b>NORTH MIAMI, FL 33181</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>GALLAHAN, EDWARD</b> <b>3921 GOLDEN SHERES BLVD</b> <b>MIMS, FL 32754</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DVP</b> <b>JANKOWSKI, CASEY</b> <b>180 BIMINI DR</b> <b>PALMETTO, FL 34221</b>	<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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><i>William F. Everill</i></u> <b>WILLIAM F. EVERILL</b> <b>30 MARCH 2006</b> <b>904-725-8374</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

30020323



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