ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State
01-29-2007 90068 004 ****61.25

DOCUMENT #732376

1. Entity Name
SEVENTH DISTRICT AUXILIARY BOARD, INC.

Principal Place of Business	Mailing Address
1346 JAMAICA COURT JACKSONVILLE, FL 32216 US	1346 JAMAICA COURT JACKSONVILLE, FL 32216 US

01072007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0173884 ☐ 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
EVERILL, WILLIAM F 1346 JAMAICA COURT JACKSONVILLE, FL 32216	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVERILL, WILLIAM F 1346 JAMAICA COURT JACKSONVILLE, FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP FERNANDEZ, PETER E 16415 SW 86 COURT MIAMI, FL 33157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BROWN, ALLEN 3625 17TH PLACE SE CAPE CORAL, FL 33904 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP BROWN, ALLEN 3625 17TH PLACE SE CAPE CORAL, FL 33904	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSVP FRASCH, DONALD L 6922 KILMER WAY HUDSON, FL 34667-6609 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP KAHN, GENE 2305 MAGNOLIA DR NORTH MIAMI, FL 33181	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GOLDENBERG, RONALD 24 SEDGE FERN DRIVE HILTON HEAD ISLAND, SC 29926 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GALLAHAN, EDWARD 3921 GOLDEN SHERES BLVD MIMS, FL 32754	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JASKIEWICZ, WALTER 420 SOUTH BARFIELD DRIVE MARCO ISLAND, FL 34146-6107 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP JANKOWSKI, CASEY 180 BIMINI DR PALMETTO, FL 34221	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP LEYS, RICHARD J. 620 SE 6TH TERRACE POMPANO BEACH, FL 33060-6128 ☒ Change ☐ 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 real other like empowered.

SIGNATURE: William F. Everill **WILLIAM F. EVERILL, 12 JANUARY 2007 904-725-8374**
MANDATORY: TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #