


# 2008 NOT-FOR-PROFIT CORPORATION

<b>DOCUMENT # 732376</b> 1. Entity Name <b>SEVENTH DISTRICT AUXILIARY BOARD, INC.</b>					
Principal Place of Business <b>1346 JAMAICA COURT</b> <b>JACKSONVILLE, FL 32216 US</b>				Mailing Address <b>1346 JAMAICA COURT</b> <b>JACKSONVILLE, FL 32216 US</b>	
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		
6. Name and Address of Current Registered Agent  <b>EVERILL, WILLIAM F</b> <b>1346 JAMAICA COURT</b> <b>JACKSONVILLE, FL 32216</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to 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	S EVERILL, WILLIAM F 1346 JAMAICA COURT JACKSONVILLE, FL 32216			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, ALLEN 3826 17TH PLACE SE CAPE CORAL, FL 33904			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP FRASCH, DONALD L 8922 KILMER WYA HUDSON, FL 346678509			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GOLDENBERG, RONALD 24 SEDGE FERN DR HILTON HEAD ISLAND, SC 29926			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JASKIEWCZ, WALTER 420 S. BARFIELD DR MARCO ISLAND, FL 341465107			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEYS, RICHARD J 820 SE 5TH TERR POMPANO BEACH, FL 330608129			<input type="checkbox"/> Delete	
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.				500119104245 02/29/08--01009--008 **\$61.25	
<b>SIGNATURE: <u>William F. Everill</u> WILLIAM F. EVERILL</b>				<b>23 FEBRUARY 2008</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 27 AM 10:58



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number  
51-0173884

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

B 2/28/08