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May 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732653

(1)

1. Corporation Name

LADIES AUXILIARY OF THE TRI-VILLAGE VOLUN-TEER
FIRE & RESCUE DEPARTMENT, INC.

Principal Place of Business

Mailing Address

13637 STATE ROAD 20
NICEVILLE FL 32578-9606
US13637 STATE ROAD 20
NICEVILLE FL 32578-9317
US3. Date Incorporated or Qualified
05/05/19753a. Date of Last Report
04/19/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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b. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, VIRGINIA
295 PERSIMMON STREET
FREEPORT FL 32439

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME ONEAL, RENEE
STREET ADDRESS 454 PERSIMMON ST.
CITY-ST-ZIP FREEPORT FL 324391.1 TITLE PD
1.2 NAME Craig Mary Alice
1.3 STREET ADDRESS 103 Roberts Ave
1.4 CITY-ST-ZIP Niceville FL 32578TITLE TD
NAME SMITH, VIRGINIA
STREET ADDRESS 295 PERSIMMON STREET
CITY-ST-ZIP FREEPORT, FL. 324392.1 TITLE VP
2.2 NAME Brown Judy
2.3 STREET ADDRESS 13792 W HWY 20 Lt 6
2.4 CITY-ST-ZIP Niceville FL 32578TITLE PD
NAME BUDZINSKY, CAROL
STREET ADDRESS 188 PERSIMMON STREET
CITY-ST-ZIP FREEPORT FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VP
NAME IDLETT, ESMA L.
STREET ADDRESS 14104 STATE ROAD 20
CITY-ST-ZIP NICEVILLE FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE SD
NAME DAWKINS, LYDIA
STREET ADDRESS 409 PERSIMMON ST.
CITY-ST-ZIP FREEPORT FL 324395.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lydia Dawkins* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 April 97

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