
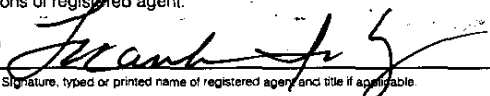
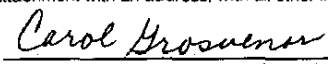


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90041 045 ****61.25

DOCUMENT # 747055 1. Entity Name RAULERSON MEMORIAL AUXILIARY, INC.					
Principal Place of Business 1796 HWY 441 N. P.O. BOX 1307 OKEECHOBEE, FL 34973 US			Mailing Address 1796 HWY 441 N. P.O. BOX 1307 OKEECHOBEE, FL 34973 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2311878	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
IRBY, FRANK 1796 HWY 441 N OKEECHOBEE, FL 34972			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </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.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 1/16/04	
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, GAIL 4276 S HWY 441 #471 OKEECHOBEE, FL 34974 <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	TD GROSVENOR, CAROL 2301 SE 29TH ST OKEECHOBEE, FL 34974 <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	VD MINTON, DORIS 406 NE 8TH AVE OKEECHOBEE, FL 34972 <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	SD BROOKS, DOROTHY 4425 S HWY 441 #21 OKEECHOBEE, FL 34974 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARILYN Hadley 3622 SE 25th St. Okeechobee, FL 34974 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REGO, JEAN 24 LAKE DRIVE BHR OKEECHOBEE, FL 34974 <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	<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 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:  CAROL GROSVENOR			1-16-04 863-467-1776		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		