

2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90168 046 \*\*\*\*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

40069179



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2311878

Applied For  
Not Applicable

Zip Country

Zip Country

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

LEE, ROBERT  
1796 HWY 441 N  
OKEECHOBEE, FL 34972

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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 PD ☒ Delete  
NAME MUNSEY, BARBARA  
STREET ADDRESS 6316 SE 96TH CIRCKE  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE PD ☒ Change ☐ Addition  
NAME GAIL Schultz  
STREET ADDRESS 4276 Hwy 441 #471  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE TD ☐ Delete  
NAME GROSVENOR, CAROL  
STREET ADDRESS 2301 SE 29TH ST  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME MINTON, DORIS  
STREET ADDRESS 406 NE 8TH AVE  
CITY-ST-ZIP OKEECHOBEE, FL 34972

TITLE VD ☒ Change ☐ Addition  
NAME Betty Head  
STREET ADDRESS 1014 SW 136th Ave  
CITY-ST-ZIP Okeechobee, FL 34974

TITLE SD ☐ Delete  
NAME GROTH, ROBERT  
STREET ADDRESS 615 SE 25TH ST.  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME REGO, JEAN  
STREET ADDRESS 24 LAKE DRIVE BHR  
CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Carol Grosvenor*

CAROL GROSVENOR 4-21-06 863-467-1776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #