2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2009
Secretary of State

DOCUMENT# 747055

Entity Name: RAULERSON MEMORIAL AUXILIARY, INC.

Current Principal Place of Business:

1796 HWY 441 N.
P.O. BOX 1307
OKEECHOBEE, FL 34973 US

New Principal Place of Business:

1796 HWY 441 N.
OKEECHOBEE, FL 34972 US

Current Mailing Address:

1796 HWY 441 N.
P.O. BOX 1307
OKEECHOBEE, FL 34973 US

New Mailing Address:

1796 HWY 441 N.
OKEECHOBEE, FL 34972 US

FEI Number: 59-2311878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEE, ROBERT
1796 HWY 441 N
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MUNSEY, BARBARA
Address: 6316 SE 96TH CIR
City-St-Zip: OKEECHOBEE, FL 34974

Title: TD ( ) Delete
Name: GROSVENOR, CAROL
Address: 2301 SE 29TH ST
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD ( ) Delete
Name: GROTH, ROBERT
Address: 615 SE 25TH ST.
City-St-Zip: OKEECHOBEE, FL 34974

Title: SD ( ) Delete
Name: REGO, JEAN
Address: 24 LAKE DRIVE BHR
City-St-Zip: OKEECHOBEE, FL 34974

Title: VD ( ) Delete
Name: BARRETT, MARION
Address: 2195 NE 138TH ST
City-St-Zip: OKEECHOBEE, FL 34972

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCHULTZ, GAIL
Address: 4276 HWY 441 - #471
City-St-Zip: OKEECHOBEE, FL 34974

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL GROSVENOR TD 09/03/2009
Electronic Signature of Signing Officer or Director — Date