

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747055

FILED
May 18, 2010
Secretary of State

Entity Name: RAULERSON MEMORIAL AUXILIARY, INC.

Current Principal Place of Business:

1796 HWY 441 N.
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

1796 HWY 441 N.
OKEECHOBEE, FL 34972 US

New Mailing Address:

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
Name: SCHULTZ, GAIL
Address: 4276 HWY 441 - #471
City-St-Zip: OKEECHOBEE, FL 34974

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CAROL GROSVENOR

TD

05/18/2010

Electronic Signature of Signing Officer or Director

Date