

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000696

FILED
Sep 06, 2006
Secretary of State

Entity Name: THE NATIONAL AUXILIARY ASSOCIATION, INC.

Current Principal Place of Business:

20490 NW 7TH AVENUE, #9
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

P O BOX 825702
SOUTH FLORIDA, FL 33082

New Mailing Address:

FEI Number: 30-3070050 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SEAY, GAIL P
20490 NW 7TH AVENUE, #9
MIAMI, FL 33169 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: SEAY, GAIL P
Address: 20490 NW 7TH AVENUE, #9
City-St-Zip: MIAMI, FL 33169

Title: VD (X) Delete
Name: TAYLOR, JOANN
Address: 13173 SW 59TH STREET
City-St-Zip: MIRAMAR, FL 33127

Title: SD () Delete
Name: CHRISTMAS, VELDA
Address: 755 NW 47 TERRACE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GAIL P. SEAY

P

09/06/2006

Electronic Signature of Signing Officer or Director

Date