

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000000696

FILED
Nov 13, 2009
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 ()

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: GAIL P. SEAY

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

Title: SD () Delete
Name: LUCAS, ANGELA
Address: 18336 NW 61 PLACE
City-St-Zip: MIAMI LAKES, FL 3305

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 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: VELDA CHRISTMAS

T

11/13/2009

Electronic Signature of Signing Officer or Director

Date