

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006631

FILED
Jan 12, 2009
Secretary of State

Entity Name: JUNIOR AUXILLARY OF MADISON COUNTY, INC.

Current Principal Place of Business:

734 NE OREGANO AVE
PINETTA, FL 32350

New Principal Place of Business:

Current Mailing Address:

P O BOX 15
MADISON, FL 32341

New Mailing Address:

FEI Number: 38-3658083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PIKE, SARAH TREASUR
734 NE OREGANO AVE
PINETTA, FL 32350 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: PRES () Delete
Name: BUNTING, JANIS
Address: 282 BEVAN LOOP
City-St-Zip: MADISON, FL 32340

Title: VP () Delete
Name: WASHINGTON, KARA
Address: 12353 NE COLIN KELLY HWY
City-St-Zip: PINETTA, FL 32350

Title: TREA () Delete
Name: PIKE, SARAH
Address: 734 NE OREGANO AVE
City-St-Zip: PINETTA, FL 32350

Title: DT () Delete
Name: BARNES, JANIE
Address: 235 NE DAHLIA TRAIL
City-St-Zip: PINETTA, FL 32350

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:

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: SARAH PIKE

TREA

01/12/2009

Electronic Signature of Signing Officer or Director

Date