

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006631

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** JUNIOR AUXILIARY OF MADISON COUNTY FLORIDA, INCORPORATED

**Current Principal Place of Business:**

235 NE DAHLIA TRAIL  
PINETTA, FL 32350

**New Principal Place of Business:**

**Current Mailing Address:**

235 NE DAHLIA TRAIL  
PINETTA, FL 32350

**New Mailing Address:**

**FEI Number:** 38-3658038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARNES, JANIE D  
235 NE DAHLIA TRAIL  
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:** P  
**Name:** WASHINGTON, KARA  
**Address:** 12353 NE COLIN KELLY HWY  
**City-St-Zip:** PINETTA, FL 32350

**Title:** VP  
**Name:** FLOURNOY, LISA  
**Address:** PO BOX 43  
**City-St-Zip:** MADISON, FL 32341

**Title:** T  
**Name:** BARNES, JANIE  
**Address:** 235 NE DAHLIA TRAIL  
**City-St-Zip:** PINETTA, FL 32350

**Title:** DT  
**Name:** WARING, ELIZABETH  
**Address:** 2830 NE COLIN KELLY HWY  
**City-St-Zip:** MADISON, FL 32340

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:** JANIE D. BARNES

TREA

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date