2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003309

Entity Name: FAPHCC AUXILIARY, INC.

FILED Jan 29, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2911 LAKEVIEW DRIVE CASSELBERRY, FL 32730

Current Mailing Address: New Mailing Address:

2911 LAKEVIEW DRIVE CASSELBERRY, FL 32730

FEI Number: 57-1232077 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TIRADO, RUTH 2911 LAKEVIEW DRIVE CASSELBERRY, FL 32730 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TIRADO, RUTH BLUM-MILLER, LORI Name: Name: 2911 LAKEVIEW DRIVE Address: 2911 LAKEVIEW DRIVE Address:

City-St-Zip: CASSELBERRY, FL 32730 US City-St-Zip: CASSELBERRY, FL 32730 US

(X) Change () Addition Title: () Delete Title: BLUM-MILLER, LORI Name: ANGELA, DE ROSA Name:

Address: 1243 W. COLONIAL DRIVE Address: 8843 117TH STREET NORTH City-St-Zip: ORLANDO, FL 32804 US City-St-Zip: SEMINOLE, FL 33772 US

Title: () Delete Title: (X) Change () Addition

DE ROSA, ANGELA HARLAND, GLORIA Name: Name: 2911 LAKEVIEW DRIVE Address: 8843 117TH STREET NORTH Address: City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: CASSELBERRY, FL 32730 US

() Delete (X) Change () Addition Title: Title: S/T Name: Name: HARPER, LISA

FEHRENBACH, KELLY JO 9109 66TH STREET NORTH 11870 74TH AVENUE NORTH Address: Address: City-St-Zip: PINELLAS PARK, FL 33782 US City-St-Zip: SEMINOLE, FL 33772 US

Title: () Delete Title: (X) Change () Addition

HARPER, LISA TIRADO, RUTH Name: Name: 11870 74TH AVENUE NORTH 2911 LAKEVIEW DRIVE Address: Address: City-St-Zip: SEMINOLE, FL 33772 US City-St-Zip: CASSELBERRY, FL 32730 US

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: RUTH TIRADO **IPP** 01/29/2007