

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 036 ****61.25

DOCUMENT # N06000003338

1. Entity Name

**54TH MASSACHUSETTS COMPANY "F" AND LADIES
AUXILIARY INC.**



Principal Place of Business

**6552 SOLANDRA DR
JACKSONVILLE FL 32210-7030**

Mailing Address

**6552 SOLANDRA DR
JACKSONVILLE FL 32210-7030**

2. Principal Place of Business - No P.O. Box #

6552 Solandra Dr.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville Fl.

City & State

Jacksonville Fl.

Zip
32210

Country

Zip

Country

4. FEI Number

20-2682135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

**PIEREC, CLIFFORD O
6552 SOLANDRA DR
JACKSONVILLE FL 32210-7030**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when reinstating)

DATE

**FILE NOW FEE IS \$61.25
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **GIVENS, EZELL**
STREET ADDRESS **P.O. BOX 115**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE **V** ☐ Delete
NAME **PIERCE, CLIFFORD**
STREET ADDRESS **6552 SOLANDRA DR**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **S** ☐ Delete
NAME **PATTERSON, DOROTHY**
STREET ADDRESS **P.O. BOX 816**
CITY-ST-ZIP **KINGSLAND GA 31548**

TITLE **S** ☐ Delete
NAME **GIVENS, SHARON**
STREET ADDRESS **P.O. BOX 115**
CITY-ST-ZIP **FERNANDINA BEACH FL 32034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Clifford O. Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR