2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N06000003338

Entity Name: 54TH MASSACHUSETTS COMPANY "F" AND LADIES AUXILIARY INC.

Current Principal Place of Business:

6552 SOLANDRA DR
JACKSONVILLE, FL 322107030

New Principal Place of Business:

Current Mailing Address:

6552 SOLANDRA DR
JACKSONVILLE, FL 322107030

New Mailing Address:

FEI Number: 20-2682135 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIEREC, CLIFFORD O
6552 SOLANDRA DR
JACKSONVILLE, FL 322107030 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 ( ) Delete
Name: GIVENS, EZELL
Address: P.O. BOX 115
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V ( ) Delete
Name: PIERCE, CLIFFORD
Address: 6552 SOLANDRA DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: S ( ) Delete
Name: PATTERSON, DOROTHY
Address: P.O. BOX 816
City-St-Zip: KINGSLAND, GA 31548

Title: S ( ) Delete
Name: GIVENS, SHARON
Address: P.O. BOX 115
City-St-Zip: FERNANDINA BEACH, FL 32034

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: CLIFFORD PIERCE V 01/29/2009
Electronic Signature of Signing Officer or Director Date