

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

DOCUMENT# N08000009209

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** LAKE COUNTY F.O.E. #4273 LADIES AUXILIARY, INC.

**Current Principal Place of Business:**

27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA, FL 34762

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 210  
OKAHUMPKA, FL 32762

**New Mailing Address:**

**FEI Number:** 91-1799566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HUFF, BARBARA  
27150 HAYWOOD WORM FARM ROAD  
OKAHUMPKA, FL 34762 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:** DOAK, BARBARA D PRE  
**Address:** 26956 HONEYMOON AVE  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** V  
**Name:** KREMNITZER, MARILYN  
**Address:** 6609 IROQUOIS  
**City-St-Zip:** LEESBURG, FL 34748

**Title:** S  
**Name:** HUFF, BARBARA  
**Address:** 136 S COMMERCIAL ST, PO BOX 734  
**City-St-Zip:** COLEMAN, FL 33521

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:** BARBARA M. HUFF

SEC

01/25/2010

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

\_\_\_\_\_  
Date