2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# N08000009858

Entity Name: FLORIDA STATE AUXILIARY, INC.

Current Principal Place of Business:

2580 NURSERY ROAD
224
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2580 NURSERY ROAD
224
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-2416257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARBER, BARBARA
2580 NURSERY ROAD
224
CLEARWATER, FL 33764 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: MATHIS, ALVENA
Address: 2580 NURSERY ROAD, #224
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP ( ) Delete
Name: ALLEN, DIANA
Address: 2580 NURSERY ROADE, #224
City-St-Zip: CLEARWATER, FL 33764 US

Title: S ( ) Delete
Name: BARBER, BARBARA
Address: 2580 NURSERY ROADE, #224
City-St-Zip: CLEARWATER, FL 33764 US

Title: T ( ) Delete
Name: RUSSELL, ANN
Address: 2580 NURSERY ROADE, #224
City-St-Zip: CLEARWATER, FL 33764 US

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: BARBARA BARBER SEC 01/25/2009

Electronic Signature of Signing Officer or Director — Date