

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009858

FILED
Feb 11, 2012
Secretary of State

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
Name: DONNA, MARCINAK
Address: 2580 NURSERY ROAD, #224
City-St-Zip: CLEARWATER, FL 33764 US

Title: VP
Name: DONNA, DELASHMET
Address: 2580 NURSERY ROADE, #224
City-St-Zip: CLEARWATER, FL 33764 US

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

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

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 BARBER

S

02/11/2012

Electronic Signature of Signing Officer or Director

Date