

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90020 002 ****61.25

DOCUMENT # N15084

1. Entity Name

STATE OF FLORIDA, LADIES AUXILIARY, FRATERNAL OR

Principal Place of Business

Mailing Address

456 TORRINGTON ST
 PT. CHARLOTTE FL 33954
 US

2150 TAMiami TRAIL PMB 8155-6
 PORT CHARLOTTE FL 33948
 US

2. Principal Place of Business

6501 Seaboard Ave

3. Mailing Address

6501 Seaboard Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

59-3612110

Applied For

Not Applicable

Zip

32244

Country

U.S.

Zip

32244

Country

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDREU, JEAN
456 TORRINGTON ST
PT. CHARLOTTE FL 33954

7. Name and Address of New Registered Agent

Name **Wanda S Faro**

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

6501 Seaboard Ave

City

Jacksonville

FL

Zip Code

32244

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.

SIGNATURE

Wanda S Faro / Secretary Wanda S Faro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD GLADDEN, ELAINE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3951 LAURELWOOD DR	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE NAME	TD MEYNE, PATTI	<input type="checkbox"/> Delete
STREET ADDRESS	HC RT. 2, BOX 164	
CITY-ST-ZIP	SATSUMA FL 32189	
TITLE NAME	SVSD ANDREW, JEAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	456 TORRINGTON ST	
CITY-ST-ZIP	PT. CHARLOTTE FL 33954	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Andreu, Jean	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	22414 New York Ave	
CITY-ST-ZIP	Port Charlotte FL 33952	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VO Wiggins Aleida	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PO Box 181	
CITY-ST-ZIP	Lake Butler, FL 32054	
TITLE NAME	SD Faro, Wanda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6501 Seaboard Ave	
CITY-ST-ZIP	Jacksonville, FL 32244	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Wanda S Faro / Secretary Wanda S Faro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 (904) 779-2536

UBR/UBR01

CRS/E037 (10/00)