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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N26210 (7)

1. Corporation Name

HOUSE CHECK AUXILIARY, INC.



Principal Place of Business

Mailing Address

% GEORGE WILLIAMS  
131 N. SECOND STREET  
FORT PIERCE FL 34950-1365  
US

% GEORGE WILLIAMS  
131 N. SECOND STREET  
FORT PIERCE FL 34950-1365  
US

3. Date Incorporated or Qualified  
05/02/1988

3a. Date of Last Report  
04/14/1995

2. Principal Place of Business

2a. Mailing Address

21 % LTOM GLEASON

26 % LTOM GLEASON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 4700 W. MIDWAY RD

27 4700 W. MIDWAY RD

City & State

City & State

23 FT PIERCE FL

28 FT PIERCE FL

Zip

Country

Zip

Country

24 34981

25 STLUCIE

29 34981

30 STLUCIE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, GEORGE E.  
131 N SECOND STREET  
FORT PIERCE FL 34950-1365

81 Name TOM GLEASON

82 Street Address (P.O. Box Number is Not Acceptable)  
4700 W. MIDWAY RD

83

84 City FT PIERCE FL

FL

85 Zip Code 34981

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Tom Gleason*

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

(The title of registered agent is required when re-stating)

03-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME BOOZER, JAMES  
STREET ADDRESS 4409 PRESSLER LANE  
CITY-ST-ZIP FORT PIERCE FL

TITLE ☐ DELETE

NAME PD  
GOODNER, PAUL  
STREET ADDRESS 1010 ECHO STREET  
CITY-ST-ZIP FORT PIERCE FL

TITLE ☐ DELETE

NAME VD  
WOODAMS, DENNIS  
STREET ADDRESS 1301 NAVAJO LANE  
CITY-ST-ZIP PT ST LUCIE FL

TITLE ☐ DELETE

NAME S  
BEERT, LISA  
STREET ADDRESS 1438 SW PATRICIA AVE  
CITY-ST-ZIP PT SAINT LUCIE FL

TITLE ☐ DELETE

NAME T  
LOTT, KEVIN  
STREET ADDRESS 701 NW CARDINAL DR.  
CITY-ST-ZIP PT ST. LUCIE FL

TITLE ☐ DELETE

NAME S  
TAYLOR, KAREN  
STREET ADDRESS 106 GERMANI ROAD  
CITY-ST-ZIP FORT PIERCE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James Boozer* JAMES BOOZER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-34-96 407 465-0670  
Date Daytime Phone #

CR2E037 (12/95)