

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N26210** (7)  
1. Corporation Name  
**HOUSE CHECK AUXILIARY, INC.**



Principal Place of Business <b>C/O LT TOM GLEASON 4700 W MIDWAY RD FT PIERCE FL 34981 US</b>	Mailing Address <b>C/O LT TOM GLEASON 4700 W MIDWAY RD FT PIERCE FL 34981 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/02/1988</b>
4. FEI Number <b>23-7448344</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>GLEASON, TOM 4700 W MIDWAY RD FT PIERCE FL 34981</b>
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10. Name and Address of New Registered Agent 81 Name <b>LT Brian Scribner</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>4700 W MIDWAY RD</b> 83 <b>FT PIERCE</b> 84 City <b>FL</b> 85 Zip Code <b>34981</b>
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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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>TD BOOZER, JAMES</b>
STREET ADDRESS	<b>4409 PRESSLER LANE</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P HANKINS, JIMMY</b>
STREET ADDRESS	<b>7907 JAMES RD</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>VD WOODAMS, DENNIS</b>
STREET ADDRESS	<b>1301 NAVAJO LANE</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>S BEERT, LISA</b>
STREET ADDRESS	<b>1438 SW PATRICIA AVE</b>
CITY-ST-ZIP	<b>PT SAINT LUCIE FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>T BOOZER, JAMES</b>
STREET ADDRESS	<b>4409 PRESSLER LANE</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S RATLIFF, WAYNE</b>
STREET ADDRESS	<b>4909 SEA GRAPE DR</b>
CITY-ST-ZIP	<b>FT PIERCE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LISA BEERT</b>
2.3 STREET ADDRESS	<b>1438 S.W PATRICIA AVE</b>
2.4 CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34953</b>
3.1 TITLE <b>V</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LOUI EMERSON</b>
3.3 STREET ADDRESS	<b>1850 LAKE CIRCLE</b>
3.4 CITY-ST-ZIP	<b>FT PIERCE FL 34945</b>
4.1 TITLE <b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>DRED MASSON</b>
4.3 STREET ADDRESS	<b>590 N.W FLORESTA DR</b>
4.4 CITY-ST-ZIP	<b>PORT SAINT LUCIE FL 34983</b>
5.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>REILLY BARNES</b>
5.3 STREET ADDRESS	<b>4040 SUNRISE BLVD</b>
5.4 CITY-ST-ZIP	<b>FT PIERCE FL 34983</b>
6.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* **JAMES BOOZER** 2-14-98 465-0670

CP2E037 (10/97)