

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N28437**

1. Corporation Name

Auxiliary Inc.

Principal Place of Business

Mailing Address

P.O. Box 14632  
North Palm Beach, FL 33408

3. Date Incorporated or Qualified  
10- -88

3a. Date of Last Report  
4-30-95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

65-0072072

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Conrad J. DeSantis  
1125 Country Club Drive  
North Palm Beach, FL 33408

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Nora Ugalde		
1.3 STREET ADDRESS	18700 Breezewood Ct.		
1.4 CITY - ST - ZIP	Jupiter FL 33458		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	Secretary	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Diane Rapp		
2.3 STREET ADDRESS	6 Shannon Circle		
2.4 CITY - ST - ZIP	West Palm Beach, FL 33406		
3.1 TITLE	Treasurer	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jodi DiCocco		
3.3 STREET ADDRESS	135 Cape Pointe Circle		
3.4 CITY - ST - ZIP	Jupiter, FL 33477		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME	200001863242		
5.3 STREET ADDRESS	-06/17/96--01022--009		
5.4 CITY - ST - ZIP	***61.25		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jodi DiCocco

407-747-6753

Date

Daytime Phone #

CR2E037 (12/95)