

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006587 (7)**

1. Corporation Name

GOODY'S DASH SERIES FAMILIES AUXILIARY, INC.

Principal Place of Business

Mailing Address

RT 1, BOX 202
BUNNELL FL 32110

RT 1, BOX 202
BUNNELL FL 32110-9801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/23/1996		3a. Date of Last Report	
21		26		4. F.F. Number 31-1496703		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
	25		30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAYPOOLE, RANDY
RT 1, BOX 202
BUNNELL FL 32110

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 Ashley R. Huffman Secretary 4-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARNELL, FAYE	1.2 NAME	
STREET ADDRESS	4911 HIGH POINT ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KERNERSVILLE NC 27284	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, TERESA	2.2 NAME	
STREET ADDRESS	706 S MILLS RIVER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HORSE SHOE NC 27842	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUFFMAN, ASHLEY	3.2 NAME	
STREET ADDRESS	3413 WISHING WELL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLAREMONT NC 28810	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOCKWELL, JANET	4.2 NAME	
STREET ADDRESS	6861 HIGH ROCK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BROWN SUMMIT NC 27214	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, BARBARA JO	5.2 NAME	
STREET ADDRESS	1485 BURNLEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ASHEBORO NC 27203	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURCH, VANESSA	6.2 NAME	
STREET ADDRESS	632 HUNTER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH WILKESBORO NC 28659	6.4 CITY-ST-ZIP	

14. I do 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 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: Ashley R. Huffman **REQUIRED** 4-14-97 (704) 466-1107
Signature and typed or printed name of signing officer or director Date Daytime Phone # none

CR2E037 (9/96)