

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90007 003 \*\*\*\*61.25

0001732

**DOCUMENT # N96000006587**

1. Corporation Name

**GOODY'S DASH SERIES FAMILIES AUXILIARY, INC.**

Principal Place of Business

RT 1, BOX 202  
BUNNELL FL 32110

Mailing Address

RT 1, BOX 202  
BUNNELL FL 32110



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

12/23/1996

4. FEI Number

31-1496703

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

9. Name and Address of Current Registered Agent

**CLAYPOOLE, RANDY**  
RT 1, BOX 202  
BUNNELL FL 32110

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME **PD**  
**PARNELL, FAYE**  
STREET ADDRESS **4911 HIGH POINT ROAD**  
CITY-ST-ZIP **KERNERSVILLE NC 27284**

TITLE ☒ DELETE

NAME **VD**  
**WATTS, TINY**  
STREET ADDRESS **102 E BELL ST**  
CITY-ST-ZIP **TABOR CITY NC 28463**

TITLE ☐ DELETE

NAME **SD**  
**HUFFMAN, ASHLEY**  
STREET ADDRESS **3413 WISHING WELL LANE**  
CITY-ST-ZIP **CLAREMONT NC 28610**

TITLE ☒ DELETE

NAME **SD**  
**ISENHOUR, PAULA**  
STREET ADDRESS **RT 5 BOX 717**  
CITY-ST-ZIP **CONOVER NC 28613**

TITLE ☐ DELETE

NAME **TD**  
**YORK, BARBARA JO**  
STREET ADDRESS **1485 BURNLEY RD**  
CITY-ST-ZIP **ASHEBORO NC 27203**

TITLE ☒ DELETE

NAME **D**  
**CHURCH, VANESSA**  
STREET ADDRESS **632 HUNTER ROAD**  
CITY-ST-ZIP **NORTH WILKESBORO NC 28659**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **VD**  
**Sharon Moore**  
2.3 STREET ADDRESS **706 South Mills River Rd**  
2.4 CITY-ST-ZIP **Horse shoe, NC 28742**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **SD**  
**Deb morrow**  
4.3 STREET ADDRESS **Rt. 17 Box 79**  
4.4 CITY-ST-ZIP **Hendersonville, NC 28792**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **D**  
**Anne wise**  
6.3 STREET ADDRESS **1204 Johnson Drive**  
6.4 CITY-ST-ZIP **Cherryville, NC 28021**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)