2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State
02-09-2000 90046 032 ****61.25

DOCUMENT # N99000004537

1. Entity Name

LADIES AUXILIARY OF THE FLORIDA SOCIETY OF THE S

Principal Place of Business	Mailing Address
4700 KNOXVILLE AVE. COCOA FL 32926	P.O. BOX 426 SHARPES FL 32959-0426

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1210 N.E. 13th Ave	1210 N.E. 13th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34470 Country: USA	Zip: 34470 Country: USA

4. FEI Number: 59-3580683 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, JAMES E 4700 KNOXVILLE AVE. COCOA FL 32926	Name: Marguerite Evans Street Address (P.O. Box Number is Not Acceptable): 1210 N.E. 13th Ave. City: Ocala **FL** Zip Code: 34470

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Marguerite Evans, Treasurer Marguerite Evans 2/3/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Mildred Wilson 4700 Knoxville Ave. Cocoa, FL 32926 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Elizabeth Sullivan 2837 N.E. 27th St. Ft. Lauderdale, FL 33306 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Barbara Hodalski 4437 Atwood Cay Circle Sarasota, FL 34233 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Marguerite Evans 1210 N.E. 13th Ave. Ocala, FL 34470 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Registrar/D Jane Hamilton 1123 N. Observatory Dr. Orlando, FL 32818 ☐ Change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marguerite Evans SIGNATURE REQUIRED Marguerite Evans 2/3/2000 352-732-5598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #