2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90036 011 ****61.25

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DOCUMENT # N99000004537

1. Entity Name

LADIES AUXILIARY OF THE FLORIDA SOCIETY OF THE S

623391

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1210 NE 13TH AVE OCALA FL 34470 US	1210 NE 13TH AVE OCALA FL 34470 US

2. Principal Place of Business	3. Mailing Address
6098 S.W. 85TH St.	6098 SW. 85TH St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala FL
Zip: 34476 Country: US	Zip: 34476 Country: US

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
EVANS, MARGUERITE 1210 NE 13TH AVE OCALA FL 34470	Name: Carolyn Malcolm Street Address (P.O. Box Number is Not Acceptable): 6098 SW 85TH St. City: Ocala FL Zip Code: 34476

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: CAROLYN MALCOLM Carolyn Malcolm 2-12-01
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	PD WILSON, MILDRED 4700 KNOXVILLE RD COCOA FL 32926	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Patricia Wallin 9070 Lakewood Dr. Seminole, FL 33772	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SULLIVAN, ELIZABETH 283.7 NE 27TH ST FORT LAUDERDALE FL 33306	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Carolyn Malcolm 6098 SW. 85TH St. Ocala FL 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HODALSKI, BARBARA 4437 ATWOOD CAY CIRCLE SARASOTA FL 34233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD EVANS, MARGUERITE 1210 NE 13TH AVE OCALA FL 34470	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Carolyn Malcolm 6098 SW. 85TH St. Ocala FL 34476	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RD HAMILTON, JANE 1123 N OBSERVATORY DR ORLANDO FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RD Dianne Jantzen 16135 4TH St. E. Redington Shores, FL 33706	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED CAROLYN MALCOLM 2-12-01 (352) 873-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #