2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State
02-07-2005 90043 048 ****61.25

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1. Entity Name
LADIES AUXILIARY OF THE FLORIDA SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION, INC.

Principal Place of Business	Mailing Address
229 SW 43 TERRACE GAINESVILLE, FL 32607 US	229 SW 43 TERRACE GAINESVILLE, FL 32607 US

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400126U3

02012005 No Chg-NP CR2E037 (10/03)

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

HOLLIEN, PATRICIA
229 S 43RD TERRACE
GAINESVILLE, FL 32607-2270

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JONES, SHIRLEY → Hollien, Patricia
STREET ADDRESS	8256 SQUIRE RD. → 229 SW 43 TERR
CITY-ST-ZIP	PENSACOLA, FL 32514 → Gainesville, FL 3260
TITLE	1VP
NAME	CASEY, DEE → Murray, Anne
STREET ADDRESS	348 EUROPEAN LANE → 8254 Deming Drive
CITY-ST-ZIP	FORT PIERCE, FL 34982 → Orlando, FL 32825
TITLE	2VP
NAME	YOUNG, NORMA
STREET ADDRESS	10100 HILLVIEW RD APT 322
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	TD
NAME	HOLLIEN, PATRICIA → Jones, Shirley
STREET ADDRESS	229 SW 43RD TERRACE → 8256 Squire Rd
CITY-ST-ZIP	GAINESVILLE, FL 326072270 → Pensacola, FL 32514
TITLE	RD
NAME	JANTZEN, DIANNE → Kitchen, Mary
STREET ADDRESS	10435 GOOSEBERRY COURT → 230 Milwaukee Ave.
CITY-ST-ZIP	TRINITY, FL 34655 → Dunedin, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Wes H. Hollien MRS. PATRICIA Hollien 2.3.05 352-378-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #