

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90106 015 ****61.25

DOCUMENT # N99000004537 1. Entity Name LADIES AUXILIARY OF THE FLORIDA SOCIETY OF THE SONS OF THE AMERICAN REVOLUTION, INC.			
Principal Place of Business 229 SW 43 TERRACE GAINESVILLE, FL 32607 US		Mailing Address 229 SW 43 TERRACE GAINESVILLE, FL 32607 US	
2. Principal Place of Business - No P.O. Box # 7655 S.W. 83 Court Suite, Apt. #, etc.		3. Mailing Address 7655 S.W. 83 Court Suite, Apt. #, etc.	
City & State Miami, Fl		City & State Miami, FL	
Zip 33143-3827		Zip 33143-3827	
Country Miami Dade		Country Miami Dade	
4. FEI Number 59-3580683		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLLIEN, PATRICIA 229 S 43RD TERRACE GAINESVILLE, FL 32607-2270		7. Name and Address of New Registered Agent Name Eriberg, Louise H. Street Address (P.O. Box Number is Not Acceptable) 7655 S. W. 83 Court City FL Zip Code 33143-3827	
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 <i>Louise H. Eriberg</i>		DATE 4/13/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIEN, PATRICIA <input checked="" type="checkbox"/> Delete 229 SW 43 TERR GAINESVILLE, FL 32607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Brock, Billie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6532 Heckscher Drive Jacksonville, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP MURRAY, ANNE <input checked="" type="checkbox"/> Delete 8254 DEMING DRIVE ORLANDO, FL 32825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1V/D Lockhart, Rebecca <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5018 Riverbrook Court Jacksonville, FL 32277-1041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP YOUNG, NORMA <input checked="" type="checkbox"/> Delete 10100 HILLVIEW RD.APT 322 PENSACOLA, FL 32514	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2V/D Duay, Debbie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1641 S.W. 102 Terrace Davie, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LETO, MARCIE L <input checked="" type="checkbox"/> Delete 6416 RIDGEWOOD AVE. COCOA BEACH, FL 32931	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Eriberg, Louise H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7655 S. W. 83 Court Miami, FL 33143-3827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD KITCHEN, MARY <input type="checkbox"/> Delete 230 MILWAUKEE AVE DUNEDIN, FL 34698	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Davidson, Dianne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4825 N. Galloway Road Lakeland, FL 33810
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Louise H. Eriberg</i>		DATE: 4/13/08 (305) 271-9336	

ATTACHMENT

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Block !!

Historian Addition
Bridges, Doris
27320 S. W. 164 Court
Homestead, FL 333031-2857

Chaplain Addition
Schaefer, Beth
13846 106th Avenue N.orth
Largo, FL 33772