2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N99000004537

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

Current Principal Place of Business:

7655 SW 83 COURT
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

7655 SW 83 COURT
MIAMI, FL 33143 US

New Mailing Address:

FEI Number: 59-3580683 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIBERT, LOUISE H.
7655 SW 83 COURT
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BROCK, BILLIE
Address: 6532 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226

Title: 1VD ( ) Delete
Name: LOCKHART, REBECCA
Address: 5018 RIVERBROOK COURT
City-St-Zip: JACKSONVILLE, FL 32277

Title: 2VP ( ) Delete
Name: DUAY, DEBBIE
Address: 1641 SW 102 TERR
City-St-Zip: DAVIE, FL 33324

Title: TD ( ) Delete
Name: FRIBERG, LOUISE H
Address: 7655 SW 83 CT
City-St-Zip: MIAMI, FL 33143

Title: RD ( ) Delete
Name: KITCHEN, MARY
Address: 230 MILWAUKEE AVE
City-St-Zip: DUNEDIN, FL 34698

Title: SD ( ) Delete
Name: DAVIDSON, DIANNE
Address: 4825 N GALLOWAY ROAD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUISE H. FRIBERG TD 04/10/2009

Electronic Signature of Signing Officer or Director — Date