

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90401 036 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **WALLIN, PATRICIA**
STREET ADDRESS **9070 LAKEWOOD DR**
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MALCOLM, CAROLYN**
STREET ADDRESS **6098 SW 85TH STREET**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **HODALSKI, BARBARA**
STREET ADDRESS **4437 ATWOOD CAY CIRCLE**
CITY-ST-ZIP **SARASOTA FL 34233**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **HOLLIN, PATRICIA**
STREET ADDRESS **229 SW 43RD TERRACE**
CITY-ST-ZIP **GAINESVILLE FL 32607-2270**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **RD** ☐ Delete
NAME **HANTZEN, DIANNE**
STREET ADDRESS **16135 4TH STREET EAST**
CITY-ST-ZIP **REDINGTON SHORES FL 33706**

TITLE ☐ Change ☐ Addition
NAME **JANTZEN, Di Anne**
STREET ADDRESS **10435 Gooseberry Court**
CITY-ST-ZIP **TRINITY, FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 352-378-9771

CR2E037 (10/02)

Attachment # N990000004537

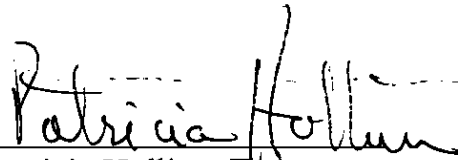
30004964

**Ladies Auxiliary of the Florida Society of the
Sons of the American Revolution**

Financial Statement — 2002

Bank statement Dec. 31, 2001	\$ 1911.16
Assets/Income for 2002:	<u>2602.25</u> 4513.41
Liabilities/Expenses:	<u>< 1869.85></u>
Net Worth	
Balance Checking account December 31, 2002	\$ <u>2643.56</u>

Submitted by



Patricia Hollien, Treasurer
229 SW 43 Terr.
Gainesville, FL. 32607
(352) 378-9771
E-mail: fca@forcomm.com