

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2011  
Secretary of State**

DOCUMENT# N10000009921

**Entity Name:** FRATERNAL ORDER OF EAGLES ST. AUGUSTINE AUXILIARY #4256 INC.

**Current Principal Place of Business:**

13 SO. DIXIE HIGHWAY  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 5428  
ST. AUGUSTINE, FL 32085

**New Mailing Address:**

**FEI Number:** 91-1799556      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, BARBARA  
1412 CENTURY CIRCLE  
ST. AUGUSTINE, FL 32084      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  
**Name:** FRANZEN, TRISH  
**Address:** 3501-B PONCE DE LEON BLVD. #144  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** SD  
**Name:** KELLY, BARBARA  
**Address:** 1412 CENTURY CIRCLE  
**City-St-Zip:** ST. AUGUSTINE, FL 32084

**Title:** TD  
**Name:** RICH, LAGAE  
**Address:** 6545 PINE CIRCLE  
**City-St-Zip:** ST. AUGUSTINE, FL 32095

I hereby 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 all other like empowered.

SIGNATURE: BARBARA KELLY

SD

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date