

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004951

**FILED**  
**Sep 07, 2015**  
**Secretary of State**  
**CC6317823646**

**Entity Name:** SEMINOLE #4147 FRATERNAL ORDER OF EAGLES LADIES  
AUXILIARY, INC.

**Current Principal Place of Business:**

6987 54TH AVE. N.  
ST. PETERSBURG, FL 33709

**Current Mailing Address:**

7349 ULMERTON ROAD  
#120  
LARGO, FL 33771

**FEI Number:** 20-5184331

**Certificate of Status Desired:** Yes

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

POLLARD, SUSAN D  
7349 ULMERTON ROAD  
#120  
LARGO, FL 33771 US

*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

**Officer/Director Detail :**

Title P  
Name SAURINI, LINDA  
Address 6835 CIRCLE CREEK DRIVE  
City-State-Zip: PINELLAS PARK FL 33781

Title V  
Name CARTER, LAURA  
Address 8579 JENNIFER LANE  
City-State-Zip: SEMINOLE FL 33777

Title T  
Name SCHEIDEGGER, FERN  
Address 6525 86TH AVE N  
City-State-Zip: PINELLAS PARK FL 33782

Title S  
Name POLLARD, SUSAN D  
Address 7349 ULMERTON ROAD #120  
City-State-Zip: LARGO FL 33771

*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:** SUSAN POLLARD

**SECRETARY**

**09/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date